MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Item #9 Film#G400 5/20/68 ph

CERTIFICATE OF DEATH

37158 07164

1. PLACE OF DEATH
a. COUNTY: Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Wheaton, Md.
c. LENGTH OF STAY IN 1b: 1 mo.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): University Nursing Home

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. STATE: Maryland
b. COUNTY: Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): SILVER SPRING
d. STREET ADDRESS: 9202 ~~BROOK~~ WORTH Ave
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First: Charlotte Middle: Gertrude Last: Abel

4. DATE OF DEATH: Month: 5 Day: 2 Year: 19 68

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 5/26/1886
8a. AGE (In years last birthday): 81 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (County & State, or foreign country): Sewhentsville, Penna
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: YETMAN E. KISNER
14. MOTHER'S MAIDEN NAME: CATHERINE SHELL HAMMER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)
16. SOCIAL SECURITY NO.: 569-05-3167
17. INFORMANT: KENNETH ABEL Address: 9202 WORTH AVE SILVER SPRING MD

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiovascular collapse — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs
DUE TO (b) Mitral valvular disease — Many years
DUE TO (c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
3949

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
410X Carcinoma of both breasts with multiple metastases
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19
20d. INJURY OCCURRED While at work ☐ Not While at work ☐
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) (County) (State)

21. **I certify** that (I) (this hospital) attended the deceased from 4/3, 19 68, to 5/2, 19 68 That (I) (we) last saw the deceased alive on 5/1/68, 19____, and that death occurred at 3 3/4 M, from causes and on the date stated above.

22a. SIGNATURE: Bennet A. Porter Jr. M.D. ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22b. DATE SIGNED: May 2, 1968
22c. PHYSICIAN'S NAME (Type): Bennet A. Porter Jr. M.D.
22d. ADDRESS: 9301 Colesville Rd., Silver Spring, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE THEREOF: 5-4-68
23c. NAME OF CEMETERY OR CREMATORY: Rock Creek Cem
23d. LOCATION (City or Town) (County) (State): Webster St Wash D.C.

24. FUNERAL DIRECTOR: W. W. Chamber Co.
ADDRESS: 1400 Chapin St. D.C.
25a. REC'D BY REGISTRAR DATE: MAY 6 1968
25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

07159 07165

1. DECEASED-NAME (Type or print): First Nathan Middle Last Albin
2a. DATE OF DEATH: Month 5 Day 13 Year 68
2b. HOUR: 8:35 AM
3. SEX: Male
4. RACE: White
5. DATE OF BIRTH: 9-9-1892
6. AGE (In years last birthday): 76 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Austria
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
9. COUNTY OF DEATH: Montgomery Md.
10. CITY OR TOWN OF DEATH: Silver Spring, Md.
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Holy Cross Hosp.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Cutter
12b. KIND OF BUSINESS OR INDUSTRY: Clothing
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.
13b. COUNTY: Montgomery
13c. CITY OR TOWN: Silver Sp.
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 1711 Tilton Dr. S Spg Md
14. FATHER'S NAME First Unknown Middle Last
15. MOTHER'S MAIDEN NAME First Unknown Middle Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service): —
16b. SOCIAL SECURITY NO.: 091-01-9232
17. INFORMANT: Mrs Florence Hoffman Address: (Same as 13)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 weeks
DUE TO, OR AS A CONSEQUENCE OF
(b) Generalized arteriosclerosis (Chronic Brain Syndrome) — 3 years
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4409

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
4500 Congestive Heart Failure

19a. DATE OF OPERATION: 4-29-68
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: TRACHEOSTOMY FOR PNEUMONIA.
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from April 21, 1968, to May 13, 1968, that (I) (we) last saw the deceased alive on May 13 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Gene U. Cohen MD — DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: MAY 13, 1968
22d. PHYSICIAN'S NAME (Type): GENE U. COHEN, M.D.
22e. ADDRESS: 1106 SPRING ST. SILVER SPRING, MD.

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 5/15/68
23c. NAME OF CEMETERY OR CREMATORY: NATL. MEM. PARK
23d. LOCATION (City or Town) FALLS CHURCH (County) (State) VA.
24. FUNERAL DIRECTOR: Sanders Funeral Home — ADDRESS: 4217 9th St. N.W.
25a. REC'D BY REGISTRAR DATE: MAY 16 1968
25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 30M REV. 1/68

07160

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

07166

1. DECEASED-NAME (Type or print): First FRANK Middle H. Last AMES

2a. DATE OF DEATH: Month MAY Day 15 Year 1968

2b. HOUR: 3:45 A.M.

3. SEX: male

4. RACE: White

5. DATE OF BIRTH: 11/6/91

6. AGE (In years last birthday): 76 YRS.

IF UNDER 1 YEAR: MONTHS DAYS

IF UNDER 24 HRS.: HOURS MIN.

7a. BIRTHPLACE (State or foreign country): Mass.

7b. CITIZEN OF WHAT COUNTRY?: U.S.A.

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. COUNTY OF DEATH: Montgomery Md.

10. CITY OR TOWN OF DEATH: Bethesda

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Suburban Hospital

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): SALESMAN

12b. KIND OF BUSINESS OR INDUSTRY:

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Virginia

13b. COUNTY:

13c. CITY OR TOWN: Alexandria

13d. INSIDE CITY LIMITS? YES [ ] NO [ ]

13e. STREET AND NUMBER: 3505 Leesburg Pike Apt 101

14. FATHER'S NAME First Middle Last:

15. MOTHER'S MAIDEN NAME First Middle Last:

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): No (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.: 041-09-5407

17. INFORMANT: FRANK AMES JR. Address: 72 Lakeside Ave Devon, Penna.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Congestive Heart Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 24 h

DUE TO, OR AS A CONSEQUENCE OF

(b) Myocardial Infarction — 1-7 dys

DUE TO, OR AS A CONSEQUENCE OF

(c) Arteriosclerosis

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

4109

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

4201

19a. DATE OF OPERATION:

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20a. AUTOPSY? YES [ ] NO [ ]

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (~~this hospital~~) attended the deceased from 1-9, 1968, to 5-15, 1968, that (I) (~~we~~) last saw the deceased alive on 5-14, 1968, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (~~did~~) (did not) view the body after death.

22b. SIGNATURE: M. Flathman DEGREE ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]

22c. DATE SIGNED: 5-15-68

22d. PHYSICIAN'S NAME (Type):

22e. ADDRESS:

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: May 18, 1968

23c. NAME OF CEMETERY OR CREMATORY: Fairfax Memory Gardens

23d. LOCATION (City or Town) (County) (State): Annandale, Virginia

24. FUNERAL DIRECTOR: C. M. Murphy Murphy Funeral Home Arlington, Virginia

ADDRESS: 3524 Columbia Pike,

25a. REGD BY REGISTRAR DATE: MAY 20 1968

25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

07167 07167

1. DECEASED-NAME (Type or print) First: JAMES Middle: A. Last: ANTON	2a. DATE OF DEATH Month 5 Day 28 Year 68	2b. HOUR 2:35pm	
3. SEX: MALE	4. RACE: CAUCASION	5. DATE OF BIRTH: # 3-25-89	6. AGE (In years last birthday) 79 YRS. IF UNDER 1 YEAR: MONTHS, DAYS IF UNDER 24 HRS.: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): Greece	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Montgomery Md.
10. CITY OR TOWN OF DEATH: Takoma Park	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Washington San & Hosp	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Retired	12b. KIND OF BUSINESS OR INDUSTRY: GROCER
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Mont	13c. CITY OR TOWN: Silver Spring	13d. INSIDE CITY LIMITS? YES ☐ NO ☐ 13e. STREET AND NUMBER: 13312 Kara Lane
14. FATHER'S NAME First: Thomas Middle: Last: Antonopoulos		15. MOTHER'S MAIDEN NAME First: Helen CAPETAN Middle: Last: Antonopoulos	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 577-48-7010A	17. INFORMANT: Wife--Bessie	Address: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute myocardial infarction — 1/2 hr.

410.9

DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerotic heart disease — —

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

4201 None.

19a. DATE OF OPERATION: —	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: —	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner) —	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19 —	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) —	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) —	21f. LOCATION Street or R.F.D. No. City or Town County State —	

22a. I **certify** that (I) (~~this hospital~~) attended the deceased from May 23, 1968, to May 28, 1968, ~~that~~ (I) (~~we~~) last saw the deceased alive on May 28 1968, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: William F. Simpson MD	DEGREE	ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 5/28/68
22d. PHYSICIAN'S NAME (Type): William F. Simpson MD	22e. ADDRESS: 6216 N.H. Ave NE. Washington DC		

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 31 MAY 1968	23c. NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery	23d. LOCATION (City or Town): Washington DC.	(County) (State)
24. FUNERAL DIRECTOR: Rendall Funeral Home, Inc	ADDRESS: 7400 Georgia Ave, N.W. DC 20012	25a. REC'D BY REGISTRAR DATE MAY 31 1968	25b. REGISTRAR'S SIGNATURE: Charles Judge	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

Cleared with Medical Examiner - Dr. G. Leap

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07162

CERTIFICATE OF DEATH

07168

Item 23b, film G401 6/6/68 en

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH
a. COUNTY: Montgromery MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rockville
c. LENGTH OF STAY IN 1b: 4 yrs.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 504 Lynch St.

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. STATE: Maryland
b. COUNTY: Montgromery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rockville
d. STREET ADDRESS: 504 Lynch St.
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First Monroe Middle Gerhardt Last Arneson
4. DATE OF DEATH: Month May Day 19 Year 1968
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Oct. 27, 1912
9. AGE (In years last birthday): 55 yrs. IF UNDER 1 YEAR: Months 6 Days 22 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (County & State, or foreign country): Webster, So. Dakota
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Olaf Arneson
14. MOTHER'S MAIDEN NAME: Aletta Hegna
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)
16. SOCIAL SECURITY NO.: 475 03 2326
17. INFORMANT: Mrs. Edythe Arneson Address 504 Lynch St. Rockville, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Malegniant melanoma c widespread metastases — INTERVAL BETWEEN ONSET AND DEATH: 3 1/2 yrs
DUE TO (b)
DUE TO (c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
172.9

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)
1909

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19
20d. INJURY OCCURRED While at work ☐ Not While at work ☐
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) (County) (State)

21. I certify that (I) (this hospital) attended the deceased from 5-12, 1968, to 5-19, 1968 that (I) (we) last saw the deceased alive on 5-15, 1968, and that death occurred at 8:52 AM, from causes and on the date stated above.

22a. SIGNATURE: W G Hall M.D. ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22b. DATE SIGNED: 5/19/68
22c. PHYSICIAN'S NAME (Type): W. G. Hall
22d. ADDRESS: 615 W. Montgomery Ave. Rockville, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE THEREOF: 5/22/68
23c. NAME OF CEMETERY OR CREMATORY: Parklawn Cemetary
23d. LOCATION (City or Town) (County) (State): Rockville, Md.

24. FUNERAL DIRECTOR: R. A. Pumphrey Funeral Home ADDRESS: 300 W, Montgtmy. Ave. Rockville, Md.
25a. REC'D BY REGISTRAR DATE MAY 24 1968
25b. REGISTRAR'S SIGNATURE: J Charles Judge

VR A15 (M) 20 M 1-66

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely [redacted] by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

1 DECEASED-NAME (Type or print) First: JAMES Middle: C Last: ARTHUR

2a DATE OF DEATH Month: MAY Day: 21 Year: 1968

2b HOUR: 10A M

3 SEX: Male

4 RACE: W

5 DATE OF BIRTH: 9/4/83

6 AGE (In years lost birthday): 84 YRS. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

7a BIRTHPLACE (State or foreign country): Indiana

7b CITIZEN OF WHAT COUNTRY?: U.S.A.

8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

9 COUNTY OF DEATH: Montgomery Md.

10 CITY OR TOWN OF DEATH: Bethesda

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Suburban

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): UNKNOWN

12b KIND OF BUSINESS OR INDUSTRY: —

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: California

13b COUNTY:

13c. CITY OR TOWN: Garden Grove

13d. INSIDE CITY LIMITS? YES ☐ NO ☐

13e. STREET AND NUMBER: 12102 Gilbert St. Apt #3

14 FATHER'S NAME First: John L. Arthur [redacted]

15 MOTHER'S MAIDEN NAME First: Peggy ~~[illegible]~~ Middle: Last: Hanley

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)

16b SOCIAL SECURITY NO.: 308-03-7555

17 INFORMANT: Daughter Address: 6715 Fieldwood Rockville Md Mrs J.E. Duquette

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Infarction cerebellar and brain stem — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 days

DUE TO, OR AS A CONSEQUENCE OF (b) Cerebral arteriosclerosis

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION:

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20a. AUTOPSY? YES ☑ NO ☐

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d INJURY OCCURRED While at work ☐ Not while at work ☐

21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.)

21f LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from MAY 16, 1968, to MAY 21, 1968, that (I) (we) last saw the deceased alive on MAY 20 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Robert C. Daddario MD DEGREE — ATTENDING PHYS ☑ MED DIRECTOR ☐ STAFF PHYS ☐

22c. DATE SIGNED: 5/21/68

22d. PHYSICIAN'S NAME (Type): ROBERT C. DADDARIO

22e. ADDRESS: 5413 CEDAR LANE BETHESDA MD

23a BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b DATE: 5/24/68

23c NAME OF CEMETERY OR CREMATORY:

23d. LOCATION (City or Town) (County) (State): WESTMINSTER CALIF

24 FUNERAL DIRECTOR: Rinaldi Funeral Home Inc. ADDRESS: 7400 Georgia Ave, NW DC 20012

25a. REC'D BY REGISTRAR DATE: MAY 24 1968

25b REGISTRAR'S SIGNATURE: J. Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

M

37264

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or print) First: Hattie Middle: Virginia Last: Bailey

2a. DATE OF DEATH Month: 5 Day: 14 Year: 68

2b. HOUR: 10:34 p M

3. SEX: Female

4. RACE: white

5. DATE OF BIRTH: 7-13-1878

6. AGE (In years last birthday): 89 YRS — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN

7a. BIRTHPLACE (State or foreign country): Virginia

7b. CITIZEN OF WHAT COUNTRY?: US

8. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐

9. COUNTY OF DEATH: Montgomery Md

10. CITY OR TOWN OF DEATH: Silver Spring

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Sta Vista N.H 311 Univ. Blvd.

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): self employed

12b. KIND OF BUSINESS OR INDUSTRY: Seamstress

13a. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) STATE: Va

13b. COUNTY: Fairfax

13c. CITY OR TOWN: Falls Church

13d. INSIDE CITY LIMITS? YES ☐ NO ☒

13e. STREET AND NUMBER: 7506 - Fisher Dr

14. FATHER'S NAME First: Thomas Middle: Last: Bailey

15. MOTHER'S MAIDEN NAME First: Lucy Middle: Thomas Last:

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): no (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.: 156-26-2864

17. INFORMANT: MRS John W. Pettyman Address: Culpeper Va.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Hemorrhage — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 wk

4129

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerotic Heart Disease — 2 yrs

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

4100

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO ☐

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (~~this hospital~~) attended the deceased from Jan., 19 67, to May, 19 68, that (I) (~~we~~) last saw the deceased alive on May 13 19 68, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Harold Helger MD — DEGREE: ATTENDING PHYS. ☒ MED DIRECTOR ☐ STAFF PHYS. ☐

22c. DATE SIGNED: 5/15/68

22d. PHYSICIAN'S NAME (Type): Harold Helger MD

22e. ADDRESS: 5415 Conn Ave NW DC

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5/17-1968

23c. NAME OF CEMETERY OR CREMATORY: Fairview Cem.

23d. LOCATION (City or Town) (County) (State): Culpeper VA

24. FUNERAL DIRECTOR: [illegible] ADDRESS: Culpeper, VA

25a. REC'D BY REGISTRAR DATE: MAY 16 1968

25b. REGISTRAR'S SIGNATURE: Charles Judge

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMD-5. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5)
10M REV. 1/68

Item 7a, bFilr 4b01 6 ... 0265

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 DECEASED NAME (Type or Print): First Clarence Middle N. Last Baldwin

2a DATE OF DEATH — KNOWN ☐ ESTIMATED ☒ Month 5 Day 15 Year 1968 — 2b HOUR 1:05 P.M.

3 SEX: Male — 4 RACE: Negro — 5 DATE OF BIRTH: 7-23-40 — 6 AGE (in years last birthday): 27 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN.

2c DATE PRONOUNCED DEAD: Month 5 Day 15 Year 1968 — 2d HOUR 1:05 P.M.

7a BIRTHPLACE (State or foreign country): Florida — 7b CITIZEN OF WHAT COUNTRY? USA — 8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ — 9. COUNTY OF DEATH: Montgomery Md

10 CITY OR TOWN OF DEATH: Takoma Park — 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Washington San & Hosp. — 12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Custodian — 12b KIND OF BUSINESS OR INDUSTRY

13a USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) STATE: D.C. — 13b COUNTY — 13c CITY OR TOWN: D.C. — 13d INSIDE CITY LIMITS? YES ☐ NO ☐ — 13e STREET AND NUMBER: 1449 ~~Spring~~ PARK Rd. N.W.

14. FATHER'S NAME First Middle Last — 15. MOTHER'S MAIDEN NAME First Middle Last

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes give war or dates of service) — 16b SOCIAL SECURITY NO — 17 INFORMANT: Nurse--Mont. Jr. College — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardiac arrhythmia causing

DUE TO, OR AS A CONSEQUENCE OF

(b) Acute Coronary Insufficiency;

DUE TO, OR AS A CONSEQUENCE OF

(c) Coronary Artery Heart disease

4124

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION — 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? — 20. AUTOPSY? YES ☒ NO ☐

21a EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH — 21b TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19 — 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.) — 21f LOCATION Street or R.F.D. No. City or Town County State

22a I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Belden R. Reap M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

22b DATE SIGNED: MAY 15, 1968

EXAMINER'S NAME (Type): BELDEN R. REAP, M.D. — ADDRESS (Street, city, town or county): Bethesda

23a BURIAL-CREMATION-REMOVAL (Specify): — 23b DATE: 5-18-68 — 23c NAME OF CEMETERY OR CREMATORY — 23d LOCATION (City or Town) (County) (State): Defuniak Springs, Fla

24. FUNERAL DIRECTOR: Sam Butler Inc. Funeral Home — ADDRESS: 3900 Georgia Ave. N.W. Wash, D.C.

25a. REC'D BY REGISTRAR DATE: MAY 22 1968 — 25b. REGISTRAR'S SIGNATURE: Charles Judge

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3 Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

57266 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or Print): First Harvey Middle M Last Barrett

2a. DATE KNOWN OF DEATH ESTIMATED ☐ Month 5 Day 2 Year 1968

2b. HOUR 1:50 AM

3. SEX: 7

4. RACE: W

5. DATE OF BIRTH: 9/1/82

6. AGE (In years last birthday): 85 YRS. If under 1 year: Months 8 Days 1. If under 24 hrs: Hours ___ Min. ___

2c. DATE PRONOUNCED DEAD Month 5 Day 2 Year 1968

2d. HOUR 1:50 AM

7a. BIRTHPLACE (State or foreign country): Wash DC

7b. CITIZEN OF WHAT COUNTRY? U.S.A.

8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

9. COUNTY OF DEATH: Montgomery Md

10. CITY OR TOWN OF DEATH: Bethesda

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Suburban

12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired): Homemaker

12b. KIND OF BUSINESS OR INDUSTRY:

13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: Md

13b. COUNTY: Mont

13c. CITY OR TOWN: Bethesda

13d. INSIDE CITY LIMITS? YES ☒ NO ☐

13e. STREET AND NUMBER: 4950 Battery Lane apt 11c

14. FATHER'S NAME First Michael Middle Barrett Last

15. MOTHER'S MAIDEN NAME First Katherine Middle Mrs Last Shields

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes give war or dates of service)

16b. SOCIAL SECURITY NO: 577-22-1907

17. INFORMANT: Sister - Francis Cole ADDRESS: - Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a) Coronary Insufficency Acute - — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sudden -

DUE TO, OR AS A CONSEQUENCE OF

(b) Cardio Vascular Disease... — Years.

DUE TO, OR AS A CONSEQUENCE OF

(c)

85 7X

Conditions if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

FR. RT HIP -

19a. DATE OF OPERATION: 5/1/68

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? Nailing Rt Hip

20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b. TIME OF INJURY Month Day, Year HOUR ~~A.M.~~ 2:00 P.M. April 25 1968

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Fall in apartment.

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21e. PLACE OF INJURY (At home, farm, street factory, office building, etc.) Home. apartment

21f. LOCATION Street or R.F.D. No 4900 Battery Lane. City or Town Bethesda County Montgomery State Md

22a. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and in my opinion death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: John G. Ball M.D

EXAMINER'S NAME (Type): JOHN G. BALL

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

ADDRESS (Street, city, town, or county): Bethesda, Md.

22b. DATE SIGNED: May 8, 1968.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: May 6, 1968

23c. NAME OF CEMETERY OR CREMATORY: Gate of Heaven Cem.

23d. LOCATION (City or Town) (County) (State): Silver Spring Mont. Md.

24. FUNERAL DIRECTOR: Robert A. Pumphrey ADDRESS: 7557 Wisconsin Bethesda, Md. 20014

25a. RECD BY REGISTRAR DATE: MAY 7 1968

25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A15ME (5) 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

32165

1. DECEASED NAME (Type or print): First Jesse. Middle S. Last Barrows
2a. DATE OF DEATH: Month May Day 15 Year 1968
2b. HOUR: M
3. SEX: Male
4. RACE: White
5. DATE OF BIRTH: 3/6/88
6. AGE (If years last birthday): 80 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.
7a. BIRTHPLACE (State or foreign country): Vt. U.S.
7b. CITIZEN OF WHAT COUNTRY? U.S.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Montg Md.
10. CITY OR TOWN OF DEATH: Silver Spring
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Colonial Villa Nursing Home
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired):
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md
13b. COUNTY Montg
13c. CITY OR TOWN Takoma Park
13d. INSIDE CITY LIMITS? YES [ ] NO [ ]
13e. STREET AND NUMBER 7063 Carroll Ave
14. FATHER'S NAME First Willett Middle Barrows Last
15. MOTHER'S MAIDEN NAME First Jennie Middle Sumner Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)
16b. SOCIAL SECURITY NO. 217-42-3148
17. INFORMANT Margaret Russell (Daughter) Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 days
DUE TO, OR AS A CONSEQUENCE OF (b) Carcinoma of Bladder Metastasis — 15 months
DUE TO, OR AS A CONSEQUENCE OF (c) Carcinoma Disease Marked — 2 yrs
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: 18 X
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): 1310
19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES [ ] NO [ ]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While [ ] at work Not while [ ] at work
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 6/1/25, 1925, to 5/15/68, 1968, that (I) (we) last saw the deceased alive on 5/14, 1968, and that in (my) (our) opinion death occurred at the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE Howard I. Moore DEGREE ATTENDING PHYS. [X] MED DIRECTOR [ ] STAFF PHYS. [ ]
22c. DATE SIGNED 5/15/68
22d. PHYSICIAN'S NAME (Type) Howard I. Moore
22e. ADDRESS 7030 Carroll Ave Takoma Park Md

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE May 18-1968
23c. NAME OF CEMETERY OR CREMATORY George Washington Cemetery
23d. LOCATION (City or Town) Rockville (County) (State) Md.
24. FUNERAL DIRECTOR Arthur Walters
ADDRESS 254 Carroll St. N.W. Washington, D.C. 20012
25a. REC'D BY REGISTRAR DATE MAY 17 1968
25b. REGISTRAR'S SIGNATURE Charles Judge

VR 4 (9-67) 30M REV. 1-68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper and Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

37168

1. DECEASED-NAME (Type or print): First Helen; Middle P.; Last BASTEDO
2a. DATE OF DEATH: Month MAY Day 11 Year 68
2b. HOUR: 1:07 PM
3. SEX: FEMALE
4. RACE: CAUC
5. DATE OF BIRTH: 31 AUG 87
6. AGE (In years last birthday): 80 YRS; IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS.: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): DETROIT, MICH.
7b. CITIZEN OF WHAT COUNTRY? U. S. A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED XX DIVORCED ☐
9. COUNTY OF DEATH: MONTGOMERY Md.
10. CITY OR TOWN OF DEATH: BETHESDA
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): U. S. NAVAL HOSPITAL
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): HOUSEWIFE
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE WASH., D. C.
13b. COUNTY
13c. CITY OR TOWN: WASH.D.C.
13d. INSIDE CITY LIMITS? YES X NO ☐
13e. STREET AND NUMBER: 3010 WOODLAND DRIVE, N. W.
14. FATHER'S NAME: First JOHN; Middle; Last PRINDERVILLE
15. MOTHER'S MAIDEN NAME: First ~~LINCOLN~~ KATHERINE; Middle; Last RYAN
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes give war or dates of service)
16b. SOCIAL SECURITY NO
17. INFORMANT: MR. RICHARD B. GRIFFIN, Address FREDERICK, MD.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) ATHEROSCHEROTIC CARDIO VASCULAR DISEASE
4129
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
4221

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES XX NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 29 APRIL, 19 68, to 11 MAY, 19 68, that (I) (we) last saw the deceased alive on 11 MAY 19 68, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (~~did not~~) view the body after death

22b. SIGNATURE J E Davis MD DEGREE ATTENDING PHYS. ☐ MED DIRECTOR ☐ STAFF PHYS. ☒
22c. DATE SIGNED 12 MAY 1968
22d. PHYSICIAN'S NAME (Type) lcdr J. DAVIS, MC, USN
22e. ADDRESS NAVAL HOSPITAL, BETHESDA, MD.

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5/14/69
23c. NAME OF CEMETERY OR CREMATORY Arlington National Cem.
23d. LOCATION (City or Town) Arlington, (County) (State) Va.
24. FUNERAL DIRECTOR JOSEPH GAWLER'S SONS, INC. ADDRESS 5130 Wisconsin Ave. Washington, D. C.
25a. REGISTRAR MAY 13 1968 REGISTRAR'S SIGNATURE Judge
DATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

2716

1. DECEASED NAME (Type or print): First Leonard Middle Lost HARRY K. B. BAUMANN
2a. DATE OF DEATH: Month May Day 4 Year 1968
2b. HOUR: 8:30 A.M.
3. SEX: Male
4. RACE: White
5. DATE OF BIRTH: 9/13/10
6. AGE (In years last birthday): 57 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Pennsylvania
7b. CITIZEN OF WHAT COUNTRY? U.S.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Montgomery Co. Md
10. CITY OR TOWN OF DEATH: Silver Spring, Md
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Holy Cross Hospital
12a. USUAL OCCUPATION (Kind of work done during most of work life, even if retired): Police Officer-Dept. Def.
12b. KIND OF BUSINESS OR INDUSTRY: Gov't.
13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: Md
13b. COUNTY: Montgomery
13c. CITY OR TOWN: Takoma Park
13d. INSIDE CITY LIMITS? YES [X] NO [ ]
13e. STREET AND NUMBER: 111 Lee Ave. #101
14. FATHER'S NAME: First George Middle A. Lost Baumann
15. MOTHER'S MAIDEN NAME: First Birdie Middle Lost Price
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes give war or dates of service): WW II
16b. SOCIAL SECURITY NO: 167-18-0219
17. INFORMANT: Evelyn R. Baumann — Address: 111 Lee Avenue, Takoma Park, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Malignant Reticulum cell sarcoma
DUE TO, OR AS A CONSEQUENCE OF (b)
DUE TO, OR AS A CONSEQUENCE OF (c)

2000

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Coronary artery disease — diabetes Mellitus

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [X] NO [ ]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from 3-3, 1968 to MAY 4, 1968, that (I) (we) last saw the deceased alive on 3-3, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: DL Bucy / S N Jones — DEGREE — ATTENDING PHYS [X] MED DIRECTOR [ ] STAFF PHYS [ ]
22c. DATE SIGNED: 5-4-68
22d. PHYSICIAN'S NAME (Type): DL. Bucy / S.N. JONES
22e. ADDRESS: 809 Veirs Mill Rd Rockville Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 7, 1968
23c. NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery
23d. LOCATION (City or Town) (County) (State): Baltimore, Md.
24. FUNERAL DIRECTOR: Wm. Lee John W. Lee, Warner E. Pumphrey, Inc. — ADDRESS: 8434 Georgia Ave. Silver Spring, Md.
25a. REC'D BY REGISTRAR — DATE MAY 9 1968
25b. REGISTRAR'S SIGNATURE: J Charles Judge

VR A15 (4) 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print): First: Charles; Middle: Ernest; Last: Bell
2a. DATE OF DEATH: Month: May; Day: 9; Year: 1968
2b. HOUR: 9:56 PM
3. SEX: Male
4. RACE: White
5. DATE OF BIRTH: Aug. 28, 1882
6. AGE (In years last birthday): 85 YRS; IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Illinois
7b. CITIZEN OF WHAT COUNTRY? U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Montgomery Md
10. CITY OR TOWN OF DEATH: Silver Spring
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital - give street address): University Nursing Home 901 Arcola Avenue
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Retired Supervisor
12b. KIND OF BUSINESS OR INDUSTRY: Construction
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.
13b. COUNTY: Montgomery
13c. CITY OR TOWN: Silver Spring
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 1111 University Blvd. West.
14. FATHER'S NAME: First: Samuel; Middle: K.; Last: Bell
15. MOTHER'S MAIDEN NAME: First: Elizabeth; Middle: ; Last: La France
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)
16b. SOCIAL SECURITY NO: 352-07-7146
17. INFORMANT: Mrs. Mary Lewis; Address: 1111 University Blvd. West Silver Spring, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Gram neg septicemia
DUE TO, OR AS A CONSEQUENCE OF (b) Cerebral Vascular Accident
DUE TO, OR AS A CONSEQUENCE OF (c) arteriosclerosis

4564

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

9a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While ☐ at work; Not while ☐ at work
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)
21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. I **certify** that (I) (this hospital) attended the deceased from 2/29, 19 68, to 5/9, 19 68, that (I) (we) last saw the deceased alive on 5/9, 19 ___, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: D. H. Ostrow
DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: May 9, 1968
22d. PHYSICIAN'S NAME (Type): Bernard H. Ostrow
22e. ADDRESS: 8107 Eastern Ave. Silver Spring, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-13-68
23c. NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery
23d. LOCATION (City or Town) (County) (State): Prince George Co., Maryland
24. FUNERAL DIRECTOR: John W. Lee 8434 Georgia Ave, ADDRESS: Barner E. Pumphrey, Inc. Silver Spring, Md.
25a. REC'D BY REGISTRAR DATE: MAY 15 1968
25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A16 (M)
30M REV. 11-68

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

Body released to Funeral by Dr Reap - BB

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 DECEASED NAME (Type or Print): First EUNICE Middle B. Last BERBERICH

2a DATE OF DEATH: KNOWN [X] ESTIMATED [ ] Month 5 Day 7 Year 1968 — 2b HOUR 6:35 AM

2c DATE PRONOUNCED DEAD: Month 5 Day 7 Year 1968 — 2d HOUR 6:35 AM

3 SEX: F — 4 RACE: W — 5 DATE OF BIRTH: 11/13/99 — 6 AGE (In years last birthday): 68 YRS — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN.

7a BIRTHPLACE (State or foreign country): Wash. D.C. — 7b CITIZEN OF WHAT COUNTRY? USA — 8 MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ] — 9 COUNTY OF DEATH: Montgomery Md

10 CITY OR TOWN OF DEATH: Silver Spring — 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Holy Cross Hosp. — 12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife — 12b KIND OF BUSINESS OR INDUSTRY: own home

13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: Md. — 13b COUNTY: Mont — 13c CITY OR TOWN: Wheaton — 13d INSIDE CITY LIMITS? YES [X] NO [ ] — 13e STREET AND NUMBER: 3819 Littleton St. Wheaton, Md.

14 FATHER'S NAME: First Wymond Middle Last Bradburg — 15 MOTHER'S MAIDEN NAME: First Maude Middle Last Warren

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service) — 16b. SOCIAL SECURITY NO — 17 INFORMANT: Robert Berberich, ADDRESS: 819 Arlington Dr., Silver Springs, MD

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1 DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Acute Coronary Insufficiency
DUE TO, OR AS A CONSEQUENCE OF
(b) Arteriosclerotic Heart Disease
DUE TO, OR AS A CONSEQUENCE OF
(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION — 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? — 20 AUTOPSY? YES [ ] NO [X]

21a EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH — 21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19 — 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] — 21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.) — 21f LOCATION Street or R.F.D. No. City or Town County State

22a I certify that I took charge of the remains described above, held on Autopsy [ ], Inspection [X], Inquiry [X], and in my opinion death resulted from: Natural causes [X], Accident [ ], Suicide [ ], Homicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE: Belden R. Reap M.D.

EXAMINER'S NAME (Type): BELDEN R. REAP M.D. ADDRESS (Street, town or county): Wheaton

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
DEPUTY MEDICAL EXAMINER [X]

22b DATE SIGNED: MAY 7, 1968

23a BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b DATE: 5/10/68 — 23c NAME OF CEMETERY OR CREMATORY: St. Mary's — 23d LOCATION (City or Town) (County) (State): Wash. D.C.

24 FUNERAL DIRECTOR: Jos. Gawler's Sons — ADDRESS: Wash. D.C. 5130 Wisconsin Av.,

25a RECD BY REGISTRAR DATE: MAY 10 1968 — 25b REGISTRAR'S SIGNATURE: Charles Judge

VR A-SME (5) 10M REV 1-68

1

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07172 — 07178

1 DECEASED NAME (Type or Print): First LAWRENCE; Middle BURSLEY; Last BERGER

2a DATE OF DEATH KNOWN [X] ESTIMATED [ ]: Month May, Day 19, Year 1968

2b HOUR 2:30 P.M.

3 SEX: Male

4 RACE: White

5 DATE OF BIRTH: 7/25/98

6 AGE (In years last birthday): 69 YRS. IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS: HOURS, MIN

2c DATE PRONOUNCED DEAD: Month May, Day 19, Year 1968

2d HOUR 2:30 P.M.

7a BIRTHPLACE (State or foreign country): Pennsylvania

7b CITIZEN OF WHAT COUNTRY? U.S.A.

8 MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. COUNTY OF DEATH: Montgomery Md

10 CITY OR TOWN OF DEATH: Silver Spring

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Holy Cross Hosp.

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Chemist

12b KIND OF BUSINESS OR INDUSTRY: Govt. U.S.

13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland

13b COUNTY: Montgy.

13c CITY OR TOWN: Tak. Pk.

13d INSIDE CITY LIMITS? YES [X] NO [ ]

13e STREET AND NUMBER: 707 New York Ave.

14. FATHER'S NAME First William, Middle Lawrence, Last Berger

15. MOTHER'S MAIDEN NAME First Miranda, Middle, Last Flack

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)

16b SOCIAL SECURITY NO. 187-30-5036

17. INFORMANT Wife, Elizabeth ADDRESS 707 New York Ave. Tak.Pk., Md.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Acute Coronary Insufficiency

DUE TO, OR AS A CONSEQUENCE OF

(b) Hypertensive Cardiovascular Disease

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?

20. AUTOPSY? YES [ ] NO [X]

21a EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH

21b TIME OF INJURY Month, Day Year HOUR A.M. P.M. 19

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.)

21f LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that I took charge of the remains described above, held an Autopsy [ ], Inspection [X], Inquiry [X], and in my opinion death resulted from Natural causes [X], Accident [ ], Suicide [ ], Homicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE Belden R. Reap M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
DEPUTY MEDICAL EXAMINER [X]

EXAMINER'S NAME (Type) BELDEN R. REAP M.D. ADDRESS (Street, City or Town, County) Tak. Pk.

22b DATE SIGNED MAY 19, 1968

23a BURIAL, CREMATION, REMOVAL (Specify): Burial

23b DATE: 22 May 1968

23c NAME OF CEMETERY OR CREMATORY: Chartiers Cemetery

23d LOCATION (City or Town) (County) (State): Carnegie Pennsylvania

24 FUNERAL DIRECTOR: C. Glen Carter ADDRESS: Warner E. Pumphrey Inc. 8434 Ga. Ave. S.S., Md.

25a RECEIVED BY REGISTRAR DATE MAY 24 1968

25b REGISTRAR'S SIGNATURE Charles Judge

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5) 10M REV 1 68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

37173

1 DECEASED NAME (Type or print): First — Middle — Last: , OLEY CLAUDE BOWER

2a DATE OF DEATH: Month May Day 23 Year 68

2b. HOUR: 1247P

3 SEX: Male

4. RACE: Caucasian

5 DATE OF BIRTH: July 11, 1917

6 AGE (in years last birthday): 50 YRS.

IF UNDER 1 YEAR: MONTHS — DAYS

IF UNDER 24 HRS: HOURS — MIN

7a BIRTHPLACE (State or foreign country): West Virginia

7b CITIZEN OF WHAT COUNTRY?: USA

8 MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9 COUNTY OF DEATH: Montgomery Md.

10 CITY OR TOWN OF DEATH: Bethesda

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Naval Hospital

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Machinist

12b. KIND OF BUSINESS OR INDUSTRY: Govt.

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland

13b. COUNTY: Montgomery

13c CITY OR TOWN: Kensington

13d INSIDE CITY LIMITS? YES [ ] NO [X]

13e STREET AND NUMBER: 3415 Anderson Road

14 FATHER'S NAME First Middle Last: Claude Monroe Bower

15. MOTHER'S MAIDEN NAME First Middle Last: Martha Jane Taylor

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)

16b. SOCIAL SECURITY NO: 236 16 8251

17. INFORMANT: Mrs. Vivian B. Bower Address: 3415 Anderson Raod Kensington Maryland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1 DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION, MASSIVE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: IMMEDIATE

DUE TO, OR AS A CONSEQUENCE OF

(b) CORONARY HEART DISEASE — 4 YEARS

DUE TO, OR AS A CONSEQUENCE OF

(c) HYPERTENSION ARTERIOSCLEROSIS — 4 YEARS

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

POSTERIOR MYOCARDIAL INFARCTION

19a DATE OF OPERATION

19b CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? YES [ ] NO [X]

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)

21b TIME OF INJURY HOUR ~~A.M.~~ 8:47 P.M. Month 5 Day 23 Year 1968

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 11/9, 1958, to 5/21, 1968, that (I) (~~we~~) last saw the deceased alive on 5/21 1968, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~we~~) (~~did~~) (did not) view the body after death.

22b. SIGNATURE

DEGREE: ATTENDING PHYS [X] MED DIRECTOR [ ] STAFF PHYS. [ ]

22c DATE SIGNED: 5/24/68

22d. PHYSICIAN'S NAME (Type): CHARLES FARWELL, M.D.

22e. ADDRESS: 11406 VIERS MILL ROAD WHEATON, MARYLAND

23a BURIAL, CREMATION, REMOVAL (Specify): Burial

23b DATE: 5/27/68

23c NAME OF CEMETERY OR CREMATORY: Parklawn

23d. LOCATION (City or Town) (County) (State): Rockville, Md.

24. FUNERAL DIRECTOR: Tyson Wheeler Funeral Home

ADDRESS: Rockville, Md.

REC'D BY REGISTRAR DATE: MAY 27 1968

25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

37176

1. DECEASED NAME (Type or print) First: Annie	Middle: L.	Last: Bowman	2a DATE OF DEATH Month: May Day: 10 Year: 1968
2b. HOUR: 5:40 A M	3 SEX: F	4. RACE: W	5 DATE OF BIRTH: Jan. 2, 1880
6 AGE (In years last birthday): 88 YRS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country): Pennsylvania	7b CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Montgomery Md
10. CITY OR TOWN OF DEATH: Gaithersburg	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Asbury Methodist Home for the Aged	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): housewife	12b. KIND OF BUSINESS OR INDUSTRY
13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Pennsylvania	13b. COUNTY: Bedford	13c CITY OR TOWN: Hyndman	13d. INSIDE CITY LIMITS? YES ☐ NO ☐
13e STREET AND NUMBER			
14. FATHER'S NAME First: John	Middle: H.	Last: Light	15 MOTHER'S MAIDEN NAME First: Diana Lepley Middle: Last:
16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: no (If yes give war or dates of service)	16b SOCIAL SECURITY NO. 220-46-0095	17. INFORMANT: Asbury Methodist Home, Gaithersburg, Md.	Address

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART 1 DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Cerebrovascular Thrombosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 DAYS

DUE TO, OR AS A CONSEQUENCE OF

(b) Generalized Arteriosclerosis — 5 yrs.

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

None

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC)	21f LOCATION Street or R.F.D. No. City or Town County State	

22a. I **certify** that (I) (~~this hospital~~) attended the deceased from 4/1/63, 19____, to 5/10/68, 19____, that (I) (~~we~~) last saw the deceased alive on 5/8/68 19____, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b SIGNATURE: Henry C. Scruggs MD	DEGREE	ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 5/10/68
22d. PHYSICIAN'S NAME (Type): HENRY C. SCRUGGS MD	22e. ADDRESS: 5413 Cedar Lane Bethesda Md.		

23a. BURIAL, CREMATION REMOVAL (Specify): Burial	23b. DATE: 5-14-68	23c NAME OF CEMETERY OR CREMATORY: Glenwood	23d. LOCATION (City or Town) (County) (State): Washington. D. C.
24 FUNERAL DIRECTOR: Ernest C. Gartner	ADDRESS: Gaithersburg, Md.	25a REC'D BY REGISTRAR DATE: MAY 15 1968	25b REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

1 DECEASED-NAME (Type or print): First MARY Middle AMANDA Last BROWN

2a DATE OF DEATH: Month 5 Day 6 Year 68

2b HOUR: 8 p M

3 SEX: Female

4. RACE: NEGRO

5 DATE OF BIRTH: 8/12/77

6. AGE (In years last birthday): 90 YRS.

IF UNDER YEAR: MONTHS / DAYS

IF UNDER 24 HRS: HOURS / MIN

7a BIRTHPLACE (State or foreign country): MARYLAND

7b CITIZEN OF WHAT COUNTRY? USA

8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. COUNTY OF DEATH: MONTGOMERY Md.

10 CITY OR TOWN OF DEATH: TAKOMA PARK

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): WASHINGTON SAN. + HOSP.

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife

12b KIND OF BUSINESS OR INDUSTRY:

13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) STATE: MARYLAND

13b. COUNTY: MONTGOMERY

13c CITY OR TOWN: BRINKLOW

13d INSIDE CITY LIMITS? YES ☐ NO ☐

13e STREET AND NUMBER: 18610 New Hampshire Ave.

14. FATHER'S NAME First: PERRY Middle: Thomas? Last:

15. MOTHER'S MAIDEN NAME First: Malinda Middle: Thomas Last:

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)

16b SOCIAL SECURITY NO. 218-30-3703A

17 INFORMANT: HOSPITAL RECORDS Address:

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)

PART I DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Acute renal failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 wk.

DUE TO, OR AS A CONSEQUENCE OF

(b) Unknown etiology

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Hypertension, Arteriosclerosis

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO ☐

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d INJURY OCCURRED While at work ☐ Not while at work ☐

21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY, OFFICE BUILDING, ETC)

21f LOCATION Street or R.F.D No City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from _____, 19____, to _____, 19____, that (I) (we) last saw the deceased alive on _____ 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b SIGNATURE: Bruce G Bredler M.D. DEGREE ATTENDING PHYS ☒ MED. DIRECTOR ☐ STAFF PHYS ☐

22c. DATE SIGNED: 5/6/68

22d. PHYSICIAN'S NAME (Type)

22e ADDRESS

23a BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b DATE: 5-9-1968

23c NAME OF CEMETERY OR CREMATORY: EBENEZER Church Cem

23d LOCATION (City or Town): Ashton (County): Montgo (State): Md.

24 FUNERAL DIRECTOR: Lee R. Marvelle ADDRESS: Rockville

25a REC'D BY REGISTRAR DATE: MAY 13 1968

25b REGISTRAR'S SIGNATURE: [illegible] Judge

VR A15 (4) 30M REV. 1-68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers (Pages 2 and 3) and in any event, within 72 hours after death should be filed with the State Dept of Health prior to burial, cremation, or removal.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

02176

1 DECEASED NAME (Type or print): First: Isaac; Middle: NMN; Last: Brundage, Jr.

2a DATE OF DEATH: Month: May; Day: 5; Year: 1968

2b HOUR: 7:20 P.M.

3. SEX: Male

4 RACE: Negro

5 DATE OF BIRTH: 1 October 1918

6. AGE (in years last birthday): 49 YRS

IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN.

7a. BIRTHPLACE (State or foreign country): North Carolina

7b CITIZEN OF WHAT COUNTRY?: USA

8 MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. COUNTY OF DEATH: Montgomery Md

10. CITY OR TOWN OF DEATH: Bethesda

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): The Clinical Center

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Laborer

12b. KIND OF BUSINESS OR INDUSTRY:

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Virginia

13b COUNTY: Arlington

13c CITY OR TOWN: Arlington

13d. INSIDE CITY LIMITS? YES [X] NO [ ]

13e STREET AND NUMBER: 3412 Kemper Road, South

14. FATHER'S NAME First: Isaac; Middle: Brundage; Last:

15 MOTHER'S MAIDEN NAME First: Idella; Middle: Montague; Last:

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.: 238-16-5832

17. INFORMANT: The Medical Records Address: The Clinical Center, NIH, Bethesda, Maryland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pneumonia and Septicemia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO, OR AS A CONSEQUENCE OF

(b) Hodgkins Disease, disseminated — 8 months

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION:

19b CONDITION FOR WHICH OPERATION WAS PERFORMED:

20a. AUTOPSY? YES [ ] NO [X]

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)

21b TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d INJURY OCCURRED While at work [ ] Not while at work [ ]

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that ~~I~~ (this hospital) attended the deceased from 8 April, 1968, to 5 May, 1968, that ~~I~~ (we) last saw the deceased alive on 5 May 1968, and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above, ~~I~~ (we) (did) ~~(did not)~~ view the body after death.

22b. SIGNATURE: Edgar W. Hull MD — DEGREE: ATTENDING PHYS [ ] MED. DIRECTOR [ ] STAFF PHYS [X]

22c. DATE SIGNED: 6 May 1968

22d. PHYSICIAN'S NAME (Type): Edgar W. Hull, M.D.

22e ADDRESS: The Clinical Center, National Institutes of Health, Bethesda, Maryland

23a BURIAL, CREMATION, REMOVAL (Specify):

23b DATE: 5/9/68

23c NAME OF CEMETERY OR CREMATORY: Lincoln Memorial

23d. LOCATION (City or Town) (County) (State): Suitland, Maryland

24 FUNERAL DIRECTOR: Chinn Funeral Home — ADDRESS: 2605 S. Shirlington Arl., Va.

25a REC'D BY REGISTRAR DATE: MAY 10 1968

25b REGISTRAR'S SIGNATURE: Charles Judge

VR A15 (8) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

7177 — 07183

1. DECEASED NAME (Type or print) First: GENEVIEVE	Middle: S.	Last: BURK	2a. DATE OF DEATH Month: May Day: 28 Year: 1968 — 2b. HOUR: 3:45 PM
3. SEX: FEMALE	4. RACE: WHITE	5. DATE OF BIRTH: SEPT. 23, 1903	6. AGE (In years last birthday): 64 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN
7a. BIRTHPLACE (State or foreign country): INDIANA	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: MONTGOMERY Md.
10. CITY OR TOWN OF DEATH: BETHESDA	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): SUBURBAN HOSPITAL	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY: AT HOME
13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) STATE: MD.	13b. COUNTY: MONTG.	13c. CITY OR TOWN: BETHESDA	13d. INSIDE CITY LIMITS? YES [X] NO [ ] — 13e. STREET AND NUMBER: 9910 INGLEMERE DRIVE
14. FATHER'S NAME First: PERCY	Middle: -	Last: SEITZ	15. MOTHER'S MAIDEN NAME First: UNKNOWN — Middle: - — Last: HOPKINS
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes give war or dates of service)	16b. SOCIAL SECURITY NO	17. INFORMANT: PAUL W. BURK, SR., HUSBAND, SAME AS # 13 — Address	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a) Acute Coronary Insufficiency

DUE TO, OR AS A CONSEQUENCE OF (b) Coronary arteriosclerosis

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4124

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

4a

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [X] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (~~this hospital~~) attended the deceased from May 28, 19 68, to May 28, 19 68, that (I) (~~we~~) last saw the deceased alive on May 28, 19 68, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: George A. Adinis — DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]		22c. DATE SIGNED
22d. PHYSICIAN'S NAME (Type): George A. Adinis	22e. ADDRESS: 5410 Connecticut Ave NW DC.	

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 5/31/68	23c. NAME OF CEMETERY OR CREMATORY: ROCK CREEK CEMETERY	23d. LOCATION (City or Town) (County) (State): WASHINGTON, D.C.
24. FUNERAL DIRECTOR: JOS. GAWLER'S SONS, 5130 WIS. AVE, WASH., D.C. — ADDRESS		25a. REC'D BY REGISTRAR DATE JUN 4 1968	25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A15 (4)
30M REV. 1/68

1

57178

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

57184

1. DECEASED NAME (Type or print) First: GRACE Middle: K. M. Last: BURNS	2a. DATE OF DEATH Month: MAY Day: 13 Year: 1968	2b. HOUR 5:00 PM	
3. SEX: FEMALE	4. RACE: WHITE	5. DATE OF BIRTH: OCT. 24, 1898	6. AGE (In years last birthday): 69 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): WASH., D.C.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Montgomery Md
10. CITY OR TOWN OF DEATH: Silver Spring	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): RANDOLPH Nursing Home	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired):	12b. KIND OF BUSINESS OR INDUSTRY: BANKING
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND	13b. COUNTY: MONTGOMERY	13c. CITY OR TOWN: WHEATON	13d. INSIDE CITY LIMITS? YES [ ] NO [ ] 13e. STREET AND NUMBER: 3704 KAYSON ST.
14. FATHER'S NAME First: EDWARD L. KNESSI Middle: Last: SR.	15. MOTHER'S MAIDEN NAME First: PAULINE WHEAT Middle: Last:		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): NO (If yes give war or dates of service)	16b. SOCIAL SECURITY NO: 577-44-8677	17. INFORMANT: GREGG C BURNS JR., SON Address: WHEATON, MD. 3704 KAYSON ST.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART 1. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute pulmonary Edema	1 hour
DUE TO, OR AS A CONSEQUENCE OF (b)	Congestive heart failure	7 days
DUE TO, OR AS A CONSEQUENCE OF (c)	Arteriosclerotic Cardiovascular Disease	2 Years

Conditions if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

4

19a. DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20a. AUTOPSY? YES [ ] NO [X] | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner) | 21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19 | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ] | 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) | 21f. LOCATION Street or R.F.D. No. City or Town County State

22a. **I certify** that (I) (this hospital) attended the deceased from Oct 27, 1967 to May 13, 1968, that (I) (we) last saw the deceased alive on May 13 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: John Lawrence Avery DEGREE: ATTENDING PHYS. [X] MED DIRECTOR [ ] STAFF PHYS. [ ] | 22c. DATE SIGNED: May 13, 1968

22d. PHYSICIAN'S NAME (Type): JOHN LAWRENCE AVERY | 22e. ADDRESS: 10620 Georgia Ave., Silver Spring, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	5-17-1968	Glenwood Cemetery	Washington, D.C.

24. FUNERAL DIRECTOR: Joseph Gawler's Sons, Inc. ADDRESS: 5130 Wisc. Ave. N.W., Washington, D.C., 20016 | 25a. REC'D BY REGISTRAR DATE: MAY 16 1968 | 25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

22179

1 DECEASED NAME (Type or Print): First Franklin; Middle T; Last Bynaker

2a DATE KNOWN OF DEATH / ESTIMATED: Month May; Day 4; Year 1968

2b HOUR: 1:15 P M

2c DATE PRONOUNCED DEAD: Month 5; Day 4; Year 1968

2d HOUR: 1:15 P M

3 SEX: Male

4. RACE: White

5. DATE OF BIRTH: 5/17/1900

6 AGE (In years last birthday): 68 YRS

IF UNDER 1 YEAR: MONTHS / DAYS

IF UNDER 24 HRS: HOURS / MIN

7a BIRTHPLACE (State or foreign country): New Market, Va

7b CITIZEN OF WHAT COUNTRY? USA

8 MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9 COUNTY OF DEATH: Montgomery Md

10 CITY OR TOWN OF DEATH: Bethesda

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Suburban

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired):

12b KIND OF BUSINESS OR INDUSTRY:

13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: Md

13b COUNTY: Mont

13c CITY OR TOWN: Boyds

13d INSIDE CITY LIMITS? YES ☐ NO ☐

13e STREET AND NUMBER: R # 1 Box 80

14. FATHER'S NAME: First William; Middle Newton; Last Bynaker

15. MOTHER'S MAIDEN NAME: First Elizabeth; Middle; Last Weaver

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)

16b SOCIAL SECURITY NO:

17 INFORMANT: Wife Maude Bynaker ADDRESS: Same as above

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART 1. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Myocardial Ischemia

DUE TO, OR AS A CONSEQUENCE OF

(b) Hypertension

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

410.0

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 Yrs. Years.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION

19b CONDITION FOR WHICH OPERATION WAS PERFORMED?

20 AUTOPSY? YES ☒ NO ☐

21a EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.)

21f LOCATION Street or R.F.D. No. City or Town County State

22a **I certify** that I took charge of the remains described above, held on Autopsy ☒, Inspection ☒, Inquiry ☒, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: John G. Ball M.D.

EXAMINER'S NAME (Type): John G. Ball

CHIEF MEDICAL EXAMINER ☐

ASSISTANT MEDICAL EXAMINER ☐

DEPUTY MEDICAL EXAMINER ☒

ADDRESS (Street, city, town, or county)

22b DATE SIGNED: May 5, 1968

23a BURIAL, CREMATION, REMOVAL (Specify): Burial

23b DATE: 5-7-68

23c NAME OF CEMETERY OR CREMATORY: ParkLawn

23d LOCATION (City or Town) (County) (State): Rockville, ~~Md~~ Montg. Md

24 FUNERAL DIRECTOR: Ernest C. Gartner. ADDRESS: Gaithersburg, Md.

25a RECORD BY REGISTRAR DATE: MAY 7 1968

25b REGISTRAR'S SIGNATURE: Charles Judge

VR A15ME (5)
10M REV 1/68

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1 68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

CM180

1. DECEASED NAME (Type or print): First JAMES Middle ROBERT Last BYRD
2a. DATE OF DEATH: Month 5 Day 24 Year 68
2b. HOUR: 8:35 P.M.
3. SEX: M
4. RACE: C
5. DATE OF BIRTH: 8/22/80
6. AGE (In years last birthday): 87 YRS — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): VIRGINIA
7b. CITIZEN OF WHAT COUNTRY? U.S.A.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: MONTGOMERY Md
10. CITY OR TOWN OF DEATH: CHEVY CHASE
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): BETHESDA - SUNNYSIDE NURSING HOME
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): ENGINEER
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND
13b. COUNTY: MONTGOMERY
13c. CITY OR TOWN: Bethesda
13d. INSIDE CITY LIMITS? YES [X] NO [ ]
13e. STREET AND NUMBER: 4610 Haroling Lane
14. FATHER'S NAME First Thomas Middle Last Byrd
15. MOTHER'S MAIDEN NAME First Sarah Middle Last Brown
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes give war or dates of service) Spanish Amer
16b. SOCIAL SECURITY NO. 217-52-5789T
17. INFORMANT: PATIENT'S CHART Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 24 hrs
DUE TO, OR AS A CONSEQUENCE OF (b) Cerebral Vascular Accident — 3 weeks
DUE TO, OR AS A CONSEQUENCE OF (c) Arteriosclerosis — —
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
4369
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a):

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES [ ] NO [X]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 5-9, 1968, to 5-24, 1968, that (I) (we) last saw the deceased alive on 5-24 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Eugene P. Libre M.D. DEGREE — ATTENDING PHYS [X] MED DIRECTOR [ ] STAFF PHYS [ ]
22c. DATE SIGNED: 24 May 68
22d. PHYSICIAN'S NAME (Type): EUGENE P. LIBRE
22e. ADDRESS: 10400 Conn Ave. Kensington Md 20895

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-28-68
23c. NAME OF CEMETERY OR CREMATORY: Gettysburg Natl Cem.
23d. LOCATION (City or Town) (County) (State): Gettysburg, Penna.
24. FUNERAL DIRECTOR: ROBERT A. PUMPHREY, Bethesda, Maryland
ADDRESS:
25a. REC'D BY REGISTRAR DATE: MAY 29 1968
25b. REGISTRAR'S SIGNATURE: Charles Yeager

Items 18-22a Film 401
6-7-68 ams

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or Print): First MARY Middle LEE Last CAMERON

2a. DATE OF DEATH KNOWN [X] ESTIMATED [ ] Month 05 Day 11 Year 1968 — 2b. HOUR M

3. SEX: female — 4. RACE: white — 5. DATE OF BIRTH: 12/15/44 — 6. AGE (in years last birthday): 23 YRS — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS: HOURS, MIN.

2c. DATE PRONOUNCED DEAD Month 05 Day 11 Year 1968 — 2d. HOUR M

7a. BIRTHPLACE (State or foreign country): ILL. — 7b. CITIZEN OF WHAT COUNTRY? U.S.A. — 8. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ] — 9. COUNTY OF DEATH: Montgomery Md

10. CITY OR TOWN OF DEATH: Olney — 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Montg. General Hospital — 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Service Representative Telephone — 12b. KIND OF BUSINESS OR INDUSTRY:

13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: Virginia — 13b. COUNTY: — 13c. CITY OR TOWN: Alexandria — 13d. INSIDE CITY LIMITS? YES [X] NO [ ] — 13e. STREET AND NUMBER: 5911 Quantrell St.

14. FATHER'S NAME First William Middle S. Last Cameron — 15. MOTHER'S MAIDEN NAME First AUDREY Middle J. Last SMITH

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes give war or dates of service) — 16b. SOCIAL SECURITY NO.

17. INFORMANT Medical Records Dept. Address Montg. General Hospt., Olney, Md. 20832

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1 DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Multiple, extreme injuries
DUE TO, OR AS A CONSEQUENCE OF
(b) incurred in auto accident
DUE TO, OR AS A CONSEQUENCE OF
(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
823.4

19a. DATE OF OPERATION — 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? — 20. AUTOPSY? YES [X] NO [ ]

21a. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH — 21b. TIME OF INJURY Month, Day, Year HOUR 5:30 P.M. 5-11-68 — 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Deceased was passenger in auto which left road & overturned.

21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X] — 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) Street — 21f. LOCATION Street or R.F.D. No. Tridelphia & Roxbury City or Town Howard County State Md.

22a. I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [X], Inquiry [X], and in my opinion death resulted from: Natural causes [ ], Accident [X], Suicide [ ], Homicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE: Belden R. Reap, M.D.
EXAMINER'S NAME (Type): Belden R. Reap, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
DEPUTY MEDICAL EXAMINER [X]
ADDRESS (Street, town, or county) Olney
22b. DATE SIGNED: May 12, 1968

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL/REMOVAL — 23b. DATE: 5/13/68 — 23c. NAME OF CEMETERY OR CREMATORY: — 23d. LOCATION (City or Town) (County) (State): SEYMOUR, INDIANA

24. FUNERAL DIRECTOR: Jos. GAWLER'S SONS, ADDRESS 5130 WIS. AVE., N.W., WASH., D.C.

25a. REC'D BY REGISTRAR DATE MAY 16 1968 — 25b. REGISTRAR'S SIGNATURE Charles Judge

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM2 Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death

VR A15ME (5)
10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

57182

1. DECEASED-NAME (Type or print) First: William	Middle: B.	Last: CAMPBELL	2a. DATE OF DEATH Month: MAY Day: 21 Year: 1968
2b. HOUR: 0630 AM M			
3. SEX: Male	4. RACE: Cauc	5. DATE OF BIRTH: 13 JAN 1899	6. AGE (In years last birthday): 69 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN		
7a. BIRTHPLACE (State or foreign country): MISSOURI	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Montgomery Md
10. CITY OR TOWN OF DEATH: BETHESDA	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Naval Hospital, NNMC	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): ENGINEER	12b. KIND OF BUSINESS OR INDUSTRY: MILITARY
13a. USUAL RESIDENCE (Where deceased lived. Institution: Residence before admission) STATE: MARYLAND	13b. COUNTY: Montgomery	13c. CITY OR TOWN: ROCKVILLE	13d. INSIDE CITY LIMITS? YES [X] NO [ ]
13e. STREET AND NUMBER: 15 PACA PLACE			
14. FATHER'S NAME First: JAMES	Middle:	Last: CAMPBELL	15. MOTHER'S MAIDEN NAME First: ALICE
Middle:	Last: PYLE		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES	(If yes give war or dates of service): WW1, WW2, Korean	16b. SOCIAL SECURITY NO.	17. INFORMANT: Anna L. CAMPBELL, 15 PACA PLACE, ROCKVILLE MD.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma of the Esophagus with Metastasis

150X

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [X] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While [ ] at work Not while [ ] at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. **I certify** that (I) (this hospital) attended the deceased from 07 MAY, 19 68, to 21 MAY, 19 68, that ~~(I)~~ (we) last saw the deceased alive on 21 MAY 19 68, and that in (~~my~~) (our) opinion death occurred on the date and hour and from the causes stated above, ~~(I)~~ (we) (~~did~~) (did not) view the body after death.

22b. SIGNATURE: [signature] DEGREE: ATTENDING PHYS. [ ] MED DIRECTOR [ ] STAFF PHYS. [X]		22c. DATE SIGNED: 21 MAY 1968
22d. PHYSICIAN'S NAME (Type): W. NARVA, CDR MC USN	22e. ADDRESS: Naval Hospital, NNMC, Bethesda, Md.	
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 24 MAY 1968	23c. NAME OF CEMETERY OR CREMATORY: Arlington National
23d. LOCATION (City or Town) (County) (State): Arlington, Va.		
24. FUNERAL DIRECTOR: Robert A. PUMPHREY FUNERAL HOME, ROCKVILLE, MD.	ADDRESS	25a. REC'D BY REGISTRAR DATE: MAY 24 1968
25b. REGISTRAR'S SIGNATURE: [signature]		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers (pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

Signed by Dr. Keep like Noted

VR A15 (4) 30M REV. 1/68

1. DECEASED-NAME (Type or print): First ELMER Middle HOWARD Last CAPMAN
2a. DATE OF DEATH: Month May Day 19 Year 68
2b. HOUR: 1:35PM
3. SEX: Male
4. RACE: White
5. DATE OF BIRTH: 4/26/19
6. AGE (In years last birthday): 49 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN
7a. BIRTHPLACE (State or foreign country): Ontario, Canada
7b. CITIZEN OF WHAT COUNTRY? U.S.A
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Montgomery Md.
10. CITY OR TOWN OF DEATH: Silver Spring
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Holy Cross Hospital
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Estimator
12b. KIND OF BUSINESS OR INDUSTRY: Printing
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland
13b. COUNTY: Montgy.
13c. CITY OR TOWN: Sil. Spr.
13d. INSIDE CITY LIMITS? YES [X] NO [ ]
13e. STREET AND NUMBER: 910 Gabel St.
14. FATHER'S NAME First: Howard Middle: J seph Last: Capman
15. MOTHER'S MAIDEN NAME First: Mabel Middle: Flora Last: Eaton
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO
17. INFORMANT: Wife, Vera Capman Address: 910 Gabel St. Sil. Spr., Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Acute Coronary insufficiency — 15 m

DUE TO, OR AS A CONSEQUENCE OF (b) Hypertensive Cardiovascular disease — yrs

DUE TO, OR AS A CONSEQUENCE OF (c) Arteriosclerosis

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — 4120

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Diabetes Mellitus

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [ ] NO [ ]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While [ ] at work Not while [ ] at work
21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 1-9, 1968, to 4-25, 1968, that (I) (we) last saw the deceased alive on 4-25 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: John L Ford MD — DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]
22c. DATE SIGNED: 5-20-68
22d. PHYSICIAN'S NAME (Type): John L. Ford, M. D.
22e. ADDRESS: 831 University Blvd. E., Silver Spring Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 22-1968
23c. NAME OF CEMETERY OR CREMATORY: Ft. Lincoln
23d. LOCATION (City or Town) (County) (State): Hyattsville Md. Md.
24. FUNERAL DIRECTOR: Arthur Walters ADDRESS: 25 Hazel Ave. Sil. Spr.
25a. REC'D BY REGISTRAR DATE: MAY 21 1968
25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15-1
30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

37184 37190

1 DECEASED-NAME (Type or print): First Carnwell Middle Baby Last Girl

2a. DATE OF DEATH: Month May Day 17 Year 1968

2b. HOUR: 1:50 P.M.

3. SEX: Female

4. RACE: White

5. DATE OF BIRTH: May 16, 1968

6. AGE (In years last birthday) YRS.: IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS: HOURS 18 / MIN.

7a. BIRTHPLACE (State or foreign country): Maryland

7b. CITIZEN OF WHAT COUNTRY? USA

8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

9. COUNTY OF DEATH: Montgomery Co. Md.

10. CITY OR TOWN OF DEATH: Bethesda

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Suburban

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)

12b. KIND OF BUSINESS OR INDUSTRY

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland

13b. COUNTY: Montgomery

13c. CITY OR TOWN: Rockville

13d. INSIDE CITY LIMITS? YES ☒ NO ☐

13e. STREET AND NUMBER: 24 E. Montgomery Ave.

14. FATHER'S NAME First Floyd Middle William Last Carnwell

15. MOTHER'S MAIDEN NAME First Paula Middle Jean Last Houghton

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)

16b. SOCIAL SECURITY NO

17. INFORMANT: Birth Certificate Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Immaturity — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Birth-10 Min

DUE TO, OR AS A CONSEQUENCE OF (b) — 5/16/68 to 5/17/68

DUE TO, OR AS A CONSEQUENCE OF (c) — 15 Min.

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 177X

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

155

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☒ NO ☐

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 5/16, 1968, to 5/17, 1968, that (I) (we) last saw the deceased alive on 5/17, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: William Hathaway M.D. DEGREE — ATTENDING PHYS. ☒ MED DIRECTOR ☐ STAFF PHYS. ☐

22c. DATE SIGNED: 5/17/68

22d. PHYSICIAN'S NAME (Type): William N. Sterling M.D.

22e. ADDRESS: 4700 Bethesda Blvd. Chevy Chase

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE: 5/20/68

23c. NAME OF CEMETERY OR CREMATORY: Suburban Hospital

23d. LOCATION (City or Town) (County) (State): Bethesda — Montgomery — Md.

24. FUNERAL DIRECTOR: Mrs. Amelia C. Carter, Administrator

ADDRESS: 11 SA

25a. REC'D BY REGISTRAR DATE: MAY 23 1968

25b. REGISTRAR'S SIGNATURE: Charles Judge

1-

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print): First: William; Middle: Allen; Last: Caudill

2a. DATE OF DEATH: Month: May; Day: 4; Year: 1968

2b. HOUR: 11:05 P

3. SEX: Male

4. RACE: White

5. DATE OF BIRTH: 10 August 1914

6. AGE (in years last birthday): 53 YRS; IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS: HOURS / MIN

7a. BIRTHPLACE (State or foreign country): Kentucky

7b. CITIZEN OF WHAT COUNTRY? USA

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. COUNTY OF DEATH: Montgomery Md

10. CITY OR TOWN OF DEATH: Bethesda

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): The Clinical Center

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Teacher

12b. KIND OF BUSINESS OR INDUSTRY: Education

13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: Kentucky

13b. COUNTY: ✓

13c. CITY OR TOWN: Denver

13d. INSIDE CITY LIMITS? YES [X] NO [ ]

13e. STREET AND NUMBER: No street address

14. FATHER'S NAME: First: Minifee; Middle: ; Last: Caudill

15. MOTHER'S MAIDEN NAME: First: Emma; Middle: ; Last: Collins

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)

16b. SOCIAL SECURITY NO: 403-16-9830

17. INFORMANT: The Medical Records Address: The Clinical Center, NIH, Bethesda, Maryland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Bronchopneumonia	3 Days
DUE TO, OR AS A CONSEQUENCE OF	Genitourinary & subdural hemorrhage	
(b)	Massive gastrointestinal hemorrhage/	3 weeks
DUE TO, OR AS A CONSEQUENCE OF		
(c)	Chronic Myelogenous Leukemia	6 Years

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Chronic Myelogenous Leukemia with Blastic Crisis----2 Months

19a. DATE OF OPERATION:

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20a. AUTOPSY? YES [X] NO [ ]

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION: Street or R.F.D. No; City or Town; County; State

22a. I certify that (I) (this hospital) attended the deceased from 4 March, 19 68, to 4 May, 19 1968, that (I) (we) last saw the deceased alive on 4 May 19 68, and that in (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Robert C. Young MD. DEGREE — ATTENDING PHYS [ ] MED. DIRECTOR [ ] STAFF PHYS [X]

22c. DATE SIGNED: 5 May 1968

22d. PHYSICIAN'S NAME (Type): Robert C. Young, MD.

22e. ADDRESS: The Clinical Center, National Institutes of Health, Bethesda, Md. 20014

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 5-6-68

23c. NAME OF CEMETERY OR CREMATORY: —

23d. LOCATION (City or Town) (County) (State): PAINTVILLE KENTUCKY

24. FUNERAL DIRECTOR: W.W. Chambers Co. ADDRESS: 1400 Chapin Street N.W.

25a. REC'D BY REGISTRAR: DATE MAY 7 1968

25b. REGISTRAR'S SIGNATURE: J. Charles Juaze

VR A15 (4) 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

37186

1 DECEASED-NAME (Type or print) First: ELIZABETH Middle: ~~Ann~~ Last: CHAFIN

2a. DATE OF DEATH Month: May Day: 4 Year: 1968

2b HOUR: M

3. SEX: Female

4. RACE: W

5. DATE OF BIRTH: 12/12/81

6. AGE (in years last birthday): 86 YRS. IF UNDER YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.

7a BIRTHPLACE (State or foreign country): West Virginia

7b CITIZEN OF WHAT COUNTRY? U.S.A.

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

9 COUNTY OF DEATH: Montgomery Md

10. CITY OR TOWN OF DEATH: BETHESDA

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): SUBURBAN

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife

12b. KIND OF BUSINESS OR INDUSTRY:

13a USUAL RESIDENCE (Where deceased lived, if institution Residents before admission) STATE: MD

13b. COUNTY: Montgomery

13c CITY OR TOWN: Bethesda

13d. INSIDE CITY LIMITS? YES ☑ NO ☐

13e STREET AND NUMBER: 10620 Weymouth St.

14 FATHER'S NAME First: Richard Middle: Williamson Last:

15 MOTHER'S MAIDEN NAME First: Lena Middle: Lawson Last:

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)

16b SOCIAL SECURITY NO.: 234209131A

17 INFORMANT: Son Address: Same as above

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART 1 DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Cerebral Thrombosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 14 days

DUE TO, OR AS A CONSEQUENCE OF

(b) Cerebral Arteriosclerosis — 5 years

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 450.4

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Generalized Arteriosclerosis

19a. DATE OF OPERATION:

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20a AUTOPSY? YES ☐ NO ☑

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d INJURY OCCURRED While at work ☐ Not while at work ☐

21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY, OFFICE BUILDING, ETC.)

21f LOCATION Street or R.F.D. No. City or Town County State

22a I certify that (I) (~~this hospital~~) attended the deceased from June, 1967, to May 4, 1968, that (I) (~~we~~) last saw the deceased alive on May 4 1968, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b SIGNATURE: John D. Herman, M.D., DEGREE ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐

22c DATE SIGNED: 5/4/68

22d PHYSICIAN'S NAME (Type): JOHN D. HERMAN

22e ADDRESS: 4801 Montgomery Lane Bethesda, Maryland

23a BURIAL, CREMATION, REMOVAL (Specify): Burial

23b DATE: 5-8-68

23c NAME OF CEMETERY OR CREMATORY: Lawson Cemetery

23d LOCATION (City or Town) (County) (State): Williamson, W. Va.

24 FUNERAL DIRECTOR: Robert A. Pumphrey ADDRESS: 7557 Wisconsin Ave. Bethesda, Md.

25a. REC'D BY REGISTRAR DATE: MAY 13 1968

25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A15 (4) 30M REV 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

7187

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

7193

1. DECEASED-NAME (Type or print): First Ronald; Middle Clifton; Last Champion

2a. DATE OF DEATH: Month May; Day 20; Year 1968

2b. HOUR: 3:50 AM

3. SEX: Male

4. RACE: White

5. DATE OF BIRTH: October 16, 1944

6. AGE (In years last birthday): 23 YRS.; IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS: HOURS, MIN

7a. BIRTHPLACE (State or foreign country): Kentucky

7b. CITIZEN OF WHAT COUNTRY? USA

8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

9. COUNTY OF DEATH: Montgomery Md.

10. CITY OR TOWN OF DEATH: Bethesda

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): The Clinical Center, NIH

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Clerk Typist

12b. KIND OF BUSINESS OR INDUSTRY: U. S. Gov't.

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland

13b. COUNTY: Montgomery

13c. CITY OR TOWN: Chevy Chase

13d. INSIDE CITY LIMITS? YES ☒ NO ☐

13e. STREET AND NUMBER: 6705 Fairfax Road, Apt. 2

14. FATHER'S NAME First Robert; Middle C.; Last Champion

15. MOTHER'S MAIDEN NAME First Lucille; Middle; Last Curry

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)

16b. SOCIAL SECURITY NO: 402-60-0092

17. INFORMANT: The Medical Records; Address: The Clinical Center, Bethesda, Md. 20014

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Candidiasis of oral cavity, pharynx, esophagus / colon — days

DUE TO, OR AS A CONSEQUENCE OF

(b) Acute myelogenous leukemia — 4 years

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☒ NO ☐

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING ETC)

21f. LOCATION Street or R F D No; City or Town; County; State

22a. I certify that (I) (this hospital) attended the deceased from November 27 1967, to May 20, 1968, that (I) (we) last saw the deceased alive on May 20 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Robert C. Young M.D. DEGREE: ATTENDING PHYS ☐ MED DIRECTOR ☐ STAFF PHYS. ☒

22c. DATE SIGNED: 20 May 1968

22d. PHYSICIAN'S NAME (Type): Robert C. Young, M.D.

22e. ADDRESS: The Clinical Center, National Institutes of Health, Bethesda, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5-24-68

23c. NAME OF CEMETERY OR CREMATORY: Hampton Cemetery

23d. LOCATION (City or Town) (County) (State): Hampton, Kentucky

24. FUNERAL DIRECTOR: Robert A Pumphrey; ADDRESS: 7557 Wisconsin Ave Bethesda, Md

25a. REC'D BY REGISTRAR DATE: MAY 24 1968

25b. REGISTRAR'S SIGNATURE: J Charles Judge

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00188 0719

1 DECEASED-NAME (Type or print) First: Clarence Middle: Serenus Last: Christensen	2a. DATE OF DEATH Month: May Day: 26 Year: 1968	2b. HOUR P 11:15 M	
3. SEX: Male	4 RACE: White	5 DATE OF BIRTH: 15 April 1941	6 AGE (in years lost birthday): 27 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS: HOURS, MIN
7a BIRTHPLACE (State or foreign country): West Virginia	7b. CITIZEN OF WHAT COUNTRY? USA	8 MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Montgomery Md
10. CITY OR TOWN OF DEATH: Bethesda	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): The Clinical Center, NIH	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Route Salesman	12b KIND OF BUSINESS OR INDUSTRY: Soft Drink
13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Virginia	13b COUNTY: ✓	13c. CITY OR TOWN: Fairfax	13d. INSIDE CITY LIMITS? YES [ ] NO [X] — 13e STREET AND NUMBER: 11106 Gainesborough Court
14 FATHER'S NAME First: Kenneth Middle: S. Last: Christensen	15 MOTHER'S MAIDEN NAME First: Ann Middle: Last: Trumata		
16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	16b SOCIAL SECURITY NO.	17 INFORMANT: The Medical Record Address: The Clinical Center, NIH, Bethesda, Maryland	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Pulmonary Insufficiency	5 days
DUE TO, OR AS A CONSEQUENCE OF (b)	Metastatic Testicular Choriocarcinoma	11 months
DUE TO, OR AS A CONSEQUENCE OF (c)		

186X

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

110 X

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? YES [ ] NO [X]	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d INJURY OCCURRED While at work [ ] Not while at work [ ]	21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)	21f LOCATION Street or R.F.D. No. City or Town County State	

22a I certify that (I) (this hospital) attended the deceased from 20 May, 1968, to 26 May, 1968, that (I) (we) last saw the deceased alive on 26 May 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Michael Emmer, M.D. DEGREE: ATTENDING PHYS [ ] MED DIRECTOR [ ] STAFF PHYS [X]		22c DATE SIGNED: 27 May 1968
22d. PHYSICIAN'S NAME (Type): Michael Emmer, M. D.	22e. ADDRESS: The Clinical Center, National Institutes of Health, Bethesda, Maryland	

23a BURIAL, CREMATION, REMOVAL (Specify): Burial	23b DATE: May 29, 1968	23c NAME OF CEMETERY OR CREMATORY: National Mem. Park	23d. LOCATION (City or Town) (County) (State): Falls Church, Virginia
24 FUNERAL DIRECTOR: Covington-Martin Funeral Home	ADDRESS: 171 Leesburg Pike Falls Church, Va.	25a. REC'D BY REGISTRAR DATE: MAY 31 1968	25b REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

1. DECEASED NAME (Type or print): First LOUIS Middle Last CLAGETT
2a. DATE OF DEATH: Month May Day 11 Year 1968
2b. HOUR: M
3. SEX: Male
4. RACE: White
5. DATE OF BIRTH: Jan. 16, 1913
6. AGE (In years last birthday): 55 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS: HOURS M.N.
7a. BIRTHPLACE (State or foreign country): Rockville, Md.
7b. CITIZEN OF WHAT COUNTRY? U. S.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Montgomery Md.
10. CITY OR TOWN OF DEATH: Silver Spring
11. NAME OF HOSPITAL OR INSTITUTION (If not a hospital give street address): Holy Cross Hosp.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Self-employed
12b. KIND OF BUSINESS OR INDUSTRY: Grocer
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md.
13b. COUNTY: Montgomery
13c. CITY OR TOWN: Sil. Sp.
13d. INSIDE CITY LIMITS? YES [X] NO [ ]
13e. STREET AND NUMBER: 11308 Galt Avenue
14. FATHER'S NAME: First Charles Middle A. Last Clagett
15. MOTHER'S MAIDEN NAME: First Cora Middle Last Allison
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes give war or dates of service): Wd. War II
16b. SOCIAL SECURITY NO: 214-03-8360
17. INFORMANT: Mrs. Richard Lewis Address: Silver Spring - 411 Whitestone Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Myocardial Infarction Acute — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 hr.
DUE TO, OR AS A CONSEQUENCE OF (b) Coronary Athero-sclerosis, Chronic — Undetermined
~~DUE TO, OR AS A CONSEQUENCE OF~~ (c) Myocardial Infarction, Multiple — Aug 1963, June 1965
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Congestive Heart Failure Chronic secondary to above

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES [ ] NO [X]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from Aug 25, 1963, to May 11, 1968, that (I) (we) last saw the deceased alive on Mar 28 1968, and that in ~~(my) (our)~~ opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) ~~(did not)~~ view the body after death.

22b. SIGNATURE: [signature] M.D. DEGREE — ATTENDING PHYS [X] MED DIRECTOR [ ] STAFF PHYS [ ]
22c. DATE SIGNED: May 11, 1968
22d. PHYSICIAN'S NAME (Type): George L. Ball
22e. ADDRESS: 10620 George Ave., Silver Spring, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 14, 1968
23c. NAME OF CEMETERY OR CREMATORY: Salem Cemetery
23d. LOCATION (City or Town) (County) (State): Brookville, Md.
24. FUNERAL DIRECTOR: C. Glen Carter, Warner E. Pumphrey, Inc. ADDRESS: 8434 Georgia Ave., Silver Spring, Md.
25a. REC'D BY REGISTRAR DATE: MAY 20 1968
25b. REGISTRAR'S SIGNATURE: Charles Andre

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

Cleared with Medical Examiner - MGF

Dr Belden Reap contacted re Lewis MCS case and he authorized me to sign certificate

VR A15 (4)
30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH
a. COUNTY: Montgomery — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda
c. LENGTH OF STAY IN 1b:
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: 4413 Maple Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Maryland b. COUNTY: Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda
d. STREET ADDRESS: 4413 Maple Ave.
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First ROSEMARIE Middle Last CLARK
4. DATE OF DEATH: Month May Day 15, Year 19 68

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Mar. 21, 1913
9. AGE (In years last birthday): 55 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John Egan
14. MOTHER'S MAIDEN NAME: Bridget Doyle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO: 052-01-2658
17. INFORMANT: Husband John R. Clark Address: Same as Item 2.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.
DUE TO
(b) bronchogenic carcinoma — 3 yrs
DUE TO
(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a):

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19
20d. INJURY OCCURRED While at work ☐ Not while at work ☐
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) (County) (State)

21. I certify that I attended the deceased from Apr, 1967, to 14 May, 1968, that I last saw the deceased alive on 13 May, 1968, and that death occurred at 6:00 AM, from the causes and on the date stated above.

ACTUAL SIGNATURE: John M. Wyman M.D.
ADDRESS (Street, city or town, state): 7801 Norfolk Avenue
DATE SIGNED: 5-15-68
PHYSICIAN'S NAME (Type): JOHN M. WYMAN
Bethesda, Maryland 20014

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial
22b. DATE THEREOF: 5-18-68
22c. NAME OF CEMETERY OR CREMATORY: Gate of Heaven Cem.
22d. LOCATION (City, town, or county) (State): Silver Spring, Maryland

23. FUNERAL DIRECTOR'S SIGNATURE: ROBERT A. PUMPHREY, Bethesda, Maryland
ADDRESS:
24a. REC'D BY REGISTRAR DATE: MAY 17 1968
24b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4 may be retained [redacted] the hospital or attending physician.
TO FUNERAL DIR[redacted]: After this certificate has been signed by the attending physician and completely filled [redacted] page 3 should b[redacted]ached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 an[redacted] the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/55

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, pages 2 and 4 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

57191

1. DECEASED-NAME (Type or print): First Annie Middle – Last Cleamons
2a. DATE OF DEATH: Month May Day 7 Year 1968
2b. HOUR: M
3. SEX: Female
4. RACE: ~~White~~ Colored
5. DATE OF BIRTH: Jan. 13, 1925
6. AGE (In years last birthday): 43 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Tenn.
7b. CITIZEN OF WHAT COUNTRY? U.S.A.
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: Montgomery Md
10. CITY OR TOWN OF DEATH: Olney
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Montgomery Co Hospital
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife
12b. KIND OF BUSINESS OR INDUSTRY: Home
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.
13b. COUNTY: Howard
13c. CITY OR TOWN: West Friendship
13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET AND NUMBER: Rt. 32
14. FATHER'S NAME First Charles Middle – Last Rogers
15. MOTHER'S MAIDEN NAME First Unk Middle Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.
17. INFORMANT: Mr. James Cleamons Address: West Friendship, Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Cachexia — 3 weeks

151.9

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b) Carcinoma of stomach & abdominal spread — 1 year

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION: 4/11/68
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: Ca. of stomach
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 4/30, 1968, to 5/2, 1968, that (I) ~~(we)~~ last saw the deceased alive on 5/7, 1968, and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we)~~ ~~(did)~~ (did not) view the body after death.

22b. SIGNATURE: C. Whitaker, M.D. DEGREE — ATTENDING PHYS. ☒ MED DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 5/8/68
22d. PHYSICIAN'S NAME (Type): CHARLES S. WHITAKER MD
22e. ADDRESS: CLARKSVILLE, MD

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-11-68
23c. NAME OF CEMETERY OR CREMATORY: Mt Gregory Cemetery
23d. LOCATION (City or Town) (County) (State): Sykesville Md.
24. FUNERAL DIRECTOR: Harry W. Haight — ADDRESS: Sykesville, Md.
25a. REC'D BY REGISTRAR DATE MAY 13 1968
25b. REGISTRAR'S SIGNATURE: Florence Judge

VR A15 (4) 30M REV 1/68

1

07192

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

Cleared by Medical Examiner

1. DECEASED-NAME (Type or print) First: HAROLD Middle: Last: COHEN
2a. DATE OF DEATH Month 12 Day 68 Year 5
2b. HOUR 12:55 P.M.
3. SEX: Male
4. RACE: White
5. DATE OF BIRTH: 11/13/20
6. AGE (In years last birthday): 47 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN
7a. BIRTHPLACE (State or foreign country): Conn.
7b. CITIZEN OF WHAT COUNTRY? U.S.A.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Montgomery Md.
10. CITY OR TOWN OF DEATH: Silver Spring
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Holy Cross Hosp.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Merchant
12b. KIND OF BUSINESS OR INDUSTRY: Clothing
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland
13b. COUNTY: Montgy.
13c. CITY OR TOWN: Sil. Spr.
13d. INSIDE CITY LIMITS? YES [✓] NO [ ]
13e. STREET AND NUMBER: 11103 Easecrest Dr.
14. FATHER'S NAME First: Samuel Middle: Last: Cohen
15. MOTHER'S MAIDEN NAME First: Sarah Middle: Mary Last: Kravitz
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes, Army (If yes give war or dates of service): W.W. II
16b. SOCIAL SECURITY NO: 578-20-5393
17. INFORMANT: Sister, Theodora Perry Address: 5011 Benton Ave. Beth., Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

(a) IMMEDIATE CAUSE: Cardiac arrhythmia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: immediate
DUE TO, OR AS A CONSEQUENCE OF
(b) Myocardial infarction — 1 month
DUE TO, OR AS A CONSEQUENCE OF
(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [ ] NO [X]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM STREET FACTORY, OFFICE BUILDING ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I)/(this hospital) attended the deceased from Oct 63, 19 to present, 19 ____, that (I)/(we) last saw the deceased alive on 5/11/68, 19 and that in (my)/(our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: M. W. Shapiro DEGREE: ATTENDING PHYS [✓] MED DIRECTOR [ ] STAFF PHYS. [ ]
22c. DATE SIGNED: 5/13/68
22d. PHYSICIAN'S NAME (Type): M. W. SHAPIRO, M. D.
22e. ADDRESS: 8107 Eastern Avenue, Silver Spring, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE: 5-14-68
23c. NAME OF CEMETERY OR CREMATORY: Mt. Lebanon Cem.
23d. LOCATION (City or Town) (County) (State): Hyattsville Md.
24. FUNERAL DIRECTOR: Goldberg Funeral Home ADDRESS: 4217-9th St. N.W.
25a. REC'D BY REGISTRAR DATE: MAY 16 1968
25b. REGISTRAR'S SIGNATURE: Florence Jaggers

VR A15 (4) 30M REV 1/68

1

FOR STATE HEALTH DEPT.

M

1

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. DECEASED NAME (Type or Print) First: Warner	Middle: V	Last: Collier	2a. DATE OF DEATH: KNOWN ☐ ESTIMATED ☒ Month 5 Day 29 Year 1968
2b. HOUR 5 A M	3. SEX M.	4. RACE W.	5. DATE OF BIRTH Aug 31 1909
6. AGE (in years at last birthday) 58 YRS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN	2c. DATE PRONOUNCED DEAD Month May Day 29 Year 1968
2d. HOUR 8 A M	7a. BIRTHPLACE (State or foreign country) Wash DC.	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH Montgomery Md.	10. CITY OR TOWN OF DEATH Gaithersburg	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Game Preserve Rd.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Mechanic.
12b. KIND OF BUSINESS OR INDUSTRY Heating.	13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE Md.	13b. COUNTY Montgomery	13c. CITY OR TOWN Gaithersburg
13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER Game Preserve Rd.	14. FATHER'S NAME First: Jeffrey	Middle: Last: Collier.
15. MOTHER'S MAIDEN NAME First: Lottie	Middle: Last:	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes give war or dates of service)
16b. SOCIAL SECURITY NO. 578-09-1852	17. INFORMANT Victor Collier - son - 1013 Crawford	ADDRESS Rockville, Md.	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial infarction, acute	8 hours
DUE TO, OR AS A CONSEQUENCE OF (b)	Coronary insufficiency, severe	
DUE TO, OR AS A CONSEQUENCE OF (c)		

4109

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☒ NO ☐
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. City or Town County State

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and in my opinion death resulted from. Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE John G. Bell MD
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
22b. DATE SIGNED 5/29/68.

EXAMINER'S NAME (Type) John G. Bell
ADDRESS (Street, city, town, or county) 7276 Old Georgetown Rd. Bethesda, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 6/3/68	23c. NAME OF CEMETERY OR CREMATORY Cedar Hill	23d. LOCATION (City or Town) (County) (State) Prince George Md.
24. FUNERAL DIRECTOR Tyson Wheeler	ADDRESS 1331 Rockville Pike Rockville, Maryland	25a. REC'D BY REGISTRAR DATE JUN 4 1968	25b. REGISTRAR'S SIGNATURE Charles Judge

VR A15ME (5)
10M REV 1-68

Items 18&22a Film 401
6-7-68 ams

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR STATE HEALTH DEPT.

1. DECEASED-NAME (Type or Print) First: Shields Middle: Patterson Last: Collins Jr.

2a. DATE OF DEATH — KNOWN ☐ ESTIMATED ☒ Month 5 Day 7 Year 1968

2b. HOUR 12:30 A.M.

3. SEX: Male

4. RACE: Cauc.

5. DATE OF BIRTH: 12-24-43

6. AGE (In years last birthday): 24 YRS — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN

2c. DATE PRONOUNCED DEAD Month 5 Day 7 Year 1968

2d. HOUR 12:30 A.M.

7a. BIRTHPLACE (State or foreign country): Maryland

7b. CITIZEN OF WHAT COUNTRY? USA

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. COUNTY OF DEATH: Montgomery Md.

10. CITY OR TOWN OF DEATH: Takoma Park

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Washington San. and Hosp.

12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired): Tree Climber

12b. KIND OF BUSINESS OR INDUSTRY:

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md.

13b. COUNTY: Montgomery

13c. CITY OR TOWN: SilverSp.

13d. INSIDE CITY LIMITS? YES ☐ NO ☐

13e. STREET AND NUMBER: 9115 Flower Ave

14. FATHER'S NAME First: Shields Middle: Lost: Collins

15. MOTHER'S MAIDEN NAME First: Bessie Middle: Lost: Carter

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.

17. INFORMANT: Hospital Record ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1 DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Acute massive intracerebral hemorrhage

DUE TO, OR AS A CONSEQUENCE OF

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

431.9

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?

20. AUTOPSY? YES ☒ NO ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, item 18.)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)

21f. LOCATION Street or R.F.D. No City or Town County State

22a. I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ and in my opinion death resulted from. Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Belden R. Reap M.D.

EXAMINER'S NAME (Type): BELDEN R. REAP, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town, or county): Bethesda

22b. DATE SIGNED: MAY 7, 1968

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5/10/68

23c. NAME OF CEMETERY OR CREMATORY: Derwood Cemetery

23d. LOCATION (City or Town) (County) (State): Derwood, Maryland

24. FUNERAL DIRECTOR: Tyson Chandler Funeral Home ADDRESS: 1931 Rockville Pike Rockville, Maryland

25a. RECD BY REGISTRAR DATE: MAY 13 1968

25b. REGISTRAR'S SIGNATURE: J. Charles Judge

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death (only deaths requiring an autopsy or inquiry). If necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2 and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form RMS-P-004.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A1SME (5)
10M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

1. M

1 DECEASED NAME (Type or print) First: Vincenzo Middle: Last: Compagnone

2a DATE OF DEATH Month: 5 Day: 10 Year: 68

2b HOUR: M

3 SEX: Male

4 RACE: W

5 DATE OF BIRTH: 6-13-80

6. AGE (In years last birthday): 87 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS: HOURS / MIN

7a BIRTHPLACE (State or foreign country): It

7b CITIZEN OF WHAT COUNTRY? U S A

8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. COUNTY OF DEATH: Montgomery Md

10 CITY OR TOWN OF DEATH: Gaithersburg

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Tom Magruder Clinic

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired)

12b KIND OF BUSINESS OR INDUSTRY

13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: Md

13b COUNTY: Montgomery

13c CITY OR TOWN: Gaithersburg

13d INS DE CITY LIMITS? YES ☒ NO ☐

13e. STREET AND NUMBER: 20 W Summit Ave

14 FATHER'S NAME First: Michael Middle: Last: Compagnone

15 MOTHER'S MAIDEN NAME First: Unknown Middle: Last:

16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: no (If yes give war or dates of service)

16b SOCIAL SECURITY NO: 039-10-9604

17 INFORMANT: Alfred F. Campagnone Father Address: 20 W Summit

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1 DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a): Cerebral Vascular Thrombosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 months

DUE TO, OR AS A CONSEQUENCE OF (b): Generalized Arteriosclerosis — 10 years

DUE TO, OR AS A CONSEQUENCE OF (c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: 433.9

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Arteriosclerotic Heart Disease with Congestive Heart Failure

19a DATE OF OPERATION

19b CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? YES ☐ NO ☒

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f LOCATION Street or R.F.D. No. City or Town County State

22a I certify that (I) (this hospital) attended the deceased from _____, 1963, to 5/10, 1968, that (I) (we) last saw the deceased alive on 5/7, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b SIGNATURE: Robert C. Macon M.D. DEGREE: ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐

22c DATE SIGNED: 5/10/68

22d. PHYSICIAN'S NAME (Type): Robert C. Macon

22e. ADDRESS: 809 Viers Mill Rd, Rockville, Md

23a BURIAL, CREMATION, REMOVAL (Specify): Burial

23b DATE: 5-14/68

23c NAME OF CEMETERY OR CREMATORY: St Ann

23d. LOCATION (City or Town): Cranston (County): (State): Rhode Island

24 FUNERAL DIRECTOR: Ernest C. Gartner ADDRESS: Gaithersburg

Ernest C. Gartner

25a. FILED BY REGISTRAR DATE: MAY 15 1968

25b. REGISTRAR'S SIGNATURE: Charles Jungie

1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

Item #13a,b,c, d & e Film#G400 5/20/68 RR

1 DECEASED NAME (Type or print)	First: Laura	Middle: Kelly	Last: Cooke
2a. DATE OF DEATH	Month: May	Day: 11	Year: 1968
2b. HOUR	10:05 AM		
3 SEX	Female		
4 RACE	White		
5 DATE OF BIRTH	Jan. 19, 1881		
6 AGE (In years last birthday)	87 YRS	If under 1 year: Months 3, Days 22	If under 24 hrs.: Hours, Min
7a BIRTHPLACE (State or foreign country)	Ohio		
7b. CITIZEN OF WHAT COUNTRY?	United States		
8 MARITAL STATUS	MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐		
9. COUNTY OF DEATH	Montgomery Md.		
10 CITY OR TOWN OF DEATH	Silver Spring, Md.		
11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	Altheawoodland 1000 Daleview Drive		
12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	Secretary		
12b. KIND OF BUSINESS OR INDUSTRY	--		
13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Wash. D.C. / Maryland		
13b COUNTY	Montgomery		
13c CITY OR TOWN	Silver Spring		
13d INSIDE CITY LIMITS?	YES ☐ NO ☐		
13e. STREET AND NUMBER	1922 19th St. / 1000 Daleview Drive		
14 FATHER'S NAME	First: Samuel	Middle: B	Last: Cook
15 MOTHER'S MAIDEN NAME	First: Sarah	Middle:	Last: Collect
16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	No	(If yes give war or dates of service)	
16b SOCIAL SECURITY NO	577-12-5676		
17 INFORMANT	MRS. G. Lewis Jones	Address: 1424 Rhode Isl. Ave. Wash. D.C.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coma

DUE TO, OR AS A CONSEQUENCE OF (b) Hypertensive Cardiovascular disease — 10 yrs

DUE TO, OR AS A CONSEQUENCE OF (c) Age

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

412

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

415

19a DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20a AUTOPSY? YES ☐ NO ☐ | 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner) | 21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19 | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) | 21f LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from Aug 13, 1960, to 5-11, 1968, that (I) (we) last saw the deceased alive on 4-20-68 19___, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death

22b SIGNATURE: Geo R. Huffman M.D. DEGREE | ATTENDING PHYS. ☑ MED DIRECTOR ☐ STAFF PHYS ☐ | 22c. DATE SIGNED: 5-11-68

22d. PHYSICIAN'S NAME (Type): Geo. R. Huffman | 22e. ADDRESS: 2401 - Calvert St. Wash. D.C.

23a BURIAL, CREMATION, REMOVAL (Specify): CREMATION | 23b. DATE: 11 MAY 68 | 23c NAME OF CEMETERY OR CREMATORY: Cedar Hill | 23d. LOCATION (City or Town): Suitland (County): P.G. (State): Md

24 FUNERAL DIRECTOR: Joseph Gawler Son's | ADDRESS: Wash. D.C. | 25a REC'D BY REGISTRAR DATE: MAY 16 1968 | 25b REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

Cleared to Cremed

VR A15(A7) 30M REV 11/66

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 DECEASED NAME (Type or Print): First James; Middle H; Last Cornell

2a DATE OF DEATH KNOWN [X] ESTIMATED [ ]: Month 5, Day 5, Year 1968 — 2b HOUR 1:30 PM

2c DATE PRONOUNCED DEAD: Month 5, Day 5, Year 1968 — 2d HOUR 1:35 PM

3 SEX: male — 4. RACE: white — 5 DATE OF BIRTH: 2/19/20 — 6 AGE (in years last birthday): 48 YRS — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN

7a BIRTHPLACE (State or foreign country): United States — 7b CITIZEN OF WHAT COUNTRY? — 8 MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ] — 9 COUNTY OF DEATH: MOntgomery Md.

10 CITY OR TOWN OF DEATH: Silver Spring — 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Holy Cross Hospital — 12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Cab Driver — 12b KIND OF BUSINESS OR INDUSTRY

13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: Md — 13b COUNTY: Montgomery — 13c CITY OR TOWN: Wheaton — 13d INSIDE CITY LIMITS? YES [X] NO [ ] — 13e. STREET AND NUMBER: 12041 Valleywood Drive

14. FATHER'S NAME: First Rufus, Middle, Last Cornell — 15. MOTHER'S MAIDEN NAME: First Hattie, Middle, Last Cummings

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes give war or dates of service) — 16b. SOCIAL SECURITY NO. — 17. INFORMANT: Gerald G. Cornell — ADDRESS: 12105 Goodhill Road Wheaton, Md.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Chronic Ethylism and

DUE TO, OR AS A CONSEQUENCE OF

(b) Pulmonary Emphysema

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which give rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

3 yr.

19a DATE OF OPERATION — 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? — 20 AUTOPSY? YES [ ] NO [X]

21a. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH — 21b TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19 — 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] — 21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.) — 21f. LOCATION Street or R.F.D. No — City or Town — County — State

22a. I certify that I took charge of the remains described above, held on Autopsy [ ], Inspection [X], Inquiry [X] and in my opinion death resulted from: Natural causes [X], Accident [ ], Suicide [ ], Homicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE: Belden R. Reap M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
DEPUTY MEDICAL EXAMINER [X]

22b DATE SIGNED: MAY 5, 1968

EXAMINER'S NAME (Type): BELDEN R. REAP, M.D. — ADDRESS (Street, City, town, or county): Wheaton

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: 5/9/68 — 23c. NAME OF CEMETERY OR CREMATORY: Rockville — 23d LOCATION (City or Town) (County) (State): Rockville, Md.

24. FUNERAL DIRECTOR: Tyson Wheeler Funeral Home — ADDRESS: 1331 Rockville Pike Rockville, Md.

25a REC'D BY REGISTRAR DATE: MAY 7 1968 — 25b. REGISTRAR'S SIGNATURE: J. Charles Jacobs

VR A15ME 14
10M REV 1/68

1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

J6198 J7204

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 72 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

Cleared with Medical Examiner T.J.

1. DECEASED NAME (Type or print): First Harriett; Middle Whitney; Last Covey
2a. DATE OF DEATH: Month May; Day 27; Year 68
2b. HOUR: 9:17 AM
3. SEX: Female
4. RACE: Cauc.
5. DATE OF BIRTH: Feb 13, 1876
6. AGE (In years last birthday): 92 YRS; IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Ohio
7b. CITIZEN OF WHAT COUNTRY? USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
9. COUNTY OF DEATH: Montgomery Md.
10. CITY OR TOWN OF DEATH: Silver Spring
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Chevy Chase Nursing & Conv. Center
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): House wife
12b. KIND OF BUSINESS OR INDUSTRY: Own home
13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) STATE —
13b. COUNTY —
13c. CITY OR TOWN: Wash. D.C.
13d. INSIDE CITY LIMITS? YES ☑ NO ☐
13e. STREET AND NUMBER: 5410 Conn. Ave N.W.
14. FATHER'S NAME: First George; Middle; Last Whitney
15. MOTHER'S MAIDEN NAME: First Virginia; Middle; Last Ritchie
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes give war or dates of service)
16b. SOCIAL SECURITY NO: 215-54-6847-J
17. INFORMANT: Miss Lucille Covey; Address: 5410 Conn. Ave. N.W. Washington, D.C.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive Heart Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 12 hours
4 2 1 4
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b) Atrial Fibrillation — 6 yrs
DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
; Cerebral Thrombosis

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify med.co. examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from Apr 23, 1962 to May 27, 1968, that (I) (we) last saw the deceased alive on May 27, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Theodore J. Abernethy — DEGREE: ATTENDING PHYS. ☒ MED DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 5-27-68
22d. PHYSICIAN'S NAME (Type): Theodore J Abernethy, MD
22e. ADDRESS: 916 19th St NW

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 31, 1968
23c. NAME OF CEMETERY OR CREMATORY: Valley Cemetery
23d. LOCATION (City or Town) (County) (State): Marietta, Ohio

24. FUNERAL DIRECTOR: John W. Lee; ADDRESS: 8434 Georgia Ave.
Warner E. Pumphrey, Inc. Silver Spring, Md.
25a. REC'D BY REGISTRAR DATE MAY 31 1968
25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A15 (4) 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

67205

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print): First Marjorie; Middle; Last Dalzell
2a. DATE OF DEATH: Month May; Day 5; Year 1968
2b. HOUR: 2:30 P.M.
3. SEX: female
4. RACE: white
5. DATE OF BIRTH: Aug 20, 1899
6. AGE (In years last birthday): 68 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS.: HOURS, MIN
7a. BIRTHPLACE (State or foreign country): New York
7b. CITIZEN OF WHAT COUNTRY?: U. S. A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Montgomery Md.
10. CITY OR TOWN OF DEATH: Wheaton
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Wheaton Nursing Home
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): U. S. Treasurery ret.
12b. KIND OF BUSINESS OR INDUSTRY: Gov't.
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE
13b. COUNTY
13c. CITY OR TOWN: Wash D. C.
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 3945 Conn. Ave. N. W.
14. FATHER'S NAME: First Harold; Middle; Last Barker
15. MOTHER'S MAIDEN NAME: First Anna; Middle E.; Last Faulkner
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)
16b. SOCIAL SECURITY NO: 114-18-3068
17. INFORMANT: Joseph E. Winslow, Brother, 7108 Meadow Ln. Address Chevy Chase MD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CEREBRAL METASTASIS
DUE TO, OR AS A CONSEQUENCE OF
(b) METASTATIC CARCINOMA, BREAST — 2 YEARS
DUE TO, OR AS A CONSEQUENCE OF
(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 170X

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
PULMONARY INSUFFICIENCY, DUE TO METASTASIS

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from Dec, 19 67, to May 5, 19 68, that (I) (we) last saw the deceased alive on May 4 19 68, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Louis Gillespie Jr. M.D. DEGREE — ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 5-5-68
22d. PHYSICIAN'S NAME (Type): LOUIS GILLESPIE JR. M.D.
22e. ADDRESS: 1716 N ST N.W. D.C.

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: May 7, 1968
23c. NAME OF CEMETERY OR CREMATORY: Pittsford Cemetery
23d. LOCATION (City or Town) (County) (State): Pittsford New York
24. FUNERAL DIRECTOR: Joseph Gawlers Sons
ADDRESS: 5130 Wisc. Ave NW D. C.
25a. REC'D BY REGISTRAR DATE MAY 10 1968
25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A15 (4) 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print): First Augusta Middle T Last Dargan

2a. DATE OF DEATH: Month May Day 19 Year 1968

2b. HOUR: 2:15 P.M.

3. SEX: Female

4. RACE: White

5. DATE OF BIRTH: 8-19-1873

6. AGE (In years last birthday): 94 YRS

IF UNDER 1 YEAR: MONTHS / DAYS

IF UNDER 24 HRS: HOURS / MIN

7a. BIRTHPLACE (State or foreign country): Germany

7b. CITIZEN OF WHAT COUNTRY?: U. S. A.

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. COUNTY OF DEATH: Montgomery Md.

10. CITY OR TOWN OF DEATH: Takoma Park

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Park Haven 7420 Maple Ave

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): housewife

12b. KIND OF BUSINESS OR INDUSTRY:

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland

13b. COUNTY: Prince George

13c. CITY OR TOWN: Hillcrest Heights

13d. INSIDE CITY LIMITS? YES ☒ NO ☐

13e. STREET AND NUMBER: 5934 25th Avenue

14. FATHER'S NAME: First Unknown Middle Last

15. MOTHER'S MAIDEN NAME: First Unknown Middle Last

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If yes give war or dates of service)

16b. SOCIAL SECURITY NO: 579628835

17. INFORMANT: Thomas J. Dargan Address: Same as 13a bcde

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Congestive Heart Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Six Weeks

DUE TO, OR AS A CONSEQUENCE OF

(b) Generalized Arteriosclerosis — Several years

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO ☒

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from 6-14, 1968, to 5-19, 1968, that (I) (we) last saw the deceased alive on 5-13, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Stuart L. Nelson — DEGREE: ATTENDING PHYS. ☒ MED DIRECTOR ☐ STAFF PHYS. ☐

22c. DATE SIGNED: 5-19-68

22d. PHYSICIAN'S NAME (Type): Stuart L. Nelson

22e. ADDRESS: 831 University Blvd East Silver Spring Md. 20903

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5-23-1968

23c. NAME OF CEMETERY OR CREMATORY: Evangelical Zion

23d. LOCATION (City or Town) (County) (State): Schenectady, New York

24. FUNERAL DIRECTOR: Robert A. Mattingly Jr.

ADDRESS: 1512 L St. N.W. Wash. D.C.

25a. REC'D BY REGISTRAR DATE: MAY 22 1968

25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A15 (4) 30M REV. 1/68

1

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Item#13eFilm#G400

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 DECEASED NAME (Type or Print): First PEGGY Middle Lou Last DAVIS

2a DATE KNOWN OF DEATH ESTIMATED ☒ Month MAY Day 3 Year 1968 — 2b HOUR 12 45 AM

3 SEX: FEMALE — 4 RACE: W — 5 DATE OF BIRTH: 6-10-26 — 6 AGE (In years last birthday): 41 YRS — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS: HOURS, MIN

2c DATE PRONOUNCED DEAD Month MAY Day 3 Year 1968 — 2d HOUR 12 45 AM

7a BIRTHPLACE (State or foreign country): Maryland — 7b CITIZEN OF WHAT COUNTRY? U.S.A. — 8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒ — 9 COUNTY OF DEATH: Montgomery Md.

10 CITY OR TOWN OF DEATH: BETHESDA — 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Suburban — 12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Unknown — 12b KIND OF BUSINESS OR INDUSTRY:

13a USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) STATE: Md. — 13b COUNTY: Frederick — 13c CITY OR TOWN: Frederick — 13d INSIDE CITY LIMITS? YES ☐ NO ☐ — 13e STREET AND NUMBER: Germantown, Md. Mondadoy Building Hilbie

14 FATHER'S NAME First Ray Middle X Last Davis — 15 MOTHER'S MAIDEN NAME First Effie Middle Last Mc Donough

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes give war or dates of service) — 16b SOCIAL SECURITY NO: None — 17. INFORMANT: Ray Davis, ADDRESS: Gambrills, Maryland

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))
PART 1 DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Over dose Doriden — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Days
DUE TO, OR AS A CONSEQUENCE OF (b)
DUE TO, OR AS A CONSEQUENCE OF (c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION — 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? — 20 AUTOPSY? YES ☒ NO ☐

21a EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH — 21b TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 4/26 1968 — 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18): Took overdose of Doriden

21d INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Trailer — 21f LOCATION Street or R.F.D. No. — City or Town: Germantown — County: Montgomery — State: Md

22a I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and in my opinion death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: John G. Ball M.D.
EXAMINER'S NAME (Type): John G. Ball, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town, or county):
22b DATE SIGNED: 5/3/68

23a BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b DATE: May 8, 1968 — 23c NAME OF CEMETERY OR CREMATORY: Rocky Springs Cemetery — 23d LOCATION (City or Town) (County) (State): Nr. Frederick Frederick Md.

24 FUNERAL DIRECTOR: M. R. Litchison & Son — ADDRESS: Frederick, Maryland — 25a REGISTRAR: Frederick Judge — DATE: MAY 9 1968 — REGISTRAR'S SIGNATURE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form VR 1143. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal and in any event within 72 hours after death.

VR A15ME (5)
10M REV 1/68

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME 5)
10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

72202

1 DECEASED NAME (Type or Print): First LOTTIE Middle LEE Last DAWES

2a DATE OF DEATH: KNOWN ☐ ESTIMATED ☒ Month MAY Day 23 Year 1968

2b HOUR 7:00 A.M.

2c DATE PRONOUNCED DEAD: Month MAY Day 23 Year 1968

2d HOUR 7:30 A.M.

3 SEX: FEMALE

4 RACE: WHITE

5 DATE OF BIRTH: 11-18-00

6 AGE (in years last birthday): 67 YRS. IF UNDER 1 YEAR: MONTHS DAYS; IF UNDER 24 HRS: HOURS MIN

7a BIRTHPLACE (State or foreign country): VIRGINIA

7b CITIZEN OF WHAT COUNTRY?

8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9 COUNTY OF DEATH: MONTGOMERY Md

10 CITY OR TOWN OF DEATH: TAKOMA PARK

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): WASHINGTON SAN. & HOP

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): NONE

12b KIND OF BUSINESS OR INDUSTRY: -

13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: MARYLAND

13b COUNTY: PRINCE GEORGE

13c CITY OR TOWN: HYATTSVILLE

13d INSIDE CITY LIMITS? YES ☒ NO ☐

13e STREET AND NUMBER: 7409 25th. AVENUE

14 FATHER'S NAME: First Richard Middle Kemper Last

15 MOTHER'S MAIDEN NAME: First CORA Middle L. Last HENSHAW

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service): -

16b SOCIAL SECURITY NO: 577-12-9099

17 INFORMANT: CHART - HOSPITAL RECORDS ADDRESS

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Sub Dural Hematoma & Fracture Rt humerus — 30 hr.

DUE TO, OR AS A CONSEQUENCE OF

(b) Trauma from Fall — 30 hr.

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 9040

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a): Coronary Sclerosis and Metastatic Ca of Lungs and Pancreas.

19a DATE OF OPERATION

19b CONDITION FOR WHICH OPERATION WAS PERFORMED?

20 AUTOPSY? YES ☒ NO ☐

21a EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b TIME OF INJURY Month, Day, Year HOUR A.M. 2:00 P.M. 5 22 1968

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, item 18): Fell at home.

21d INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Home.

21f LOCATION Street or R.F.D. No. 7409 25th Ave City or Town Hyattsville County Prince George State Md.

22a I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and in my opinion death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): John S Bull M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town, or county)

22b DATE SIGNED: 5/23/68.

23a BURIAL, CREMATION, REMOVAL (Specify): Burial

23b DATE: 5/27/68

23c NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cem.

23d LOCATION (City or Town) (County) (State): Colmar Manor, Md.

24 FUNERAL DIRECTOR: Nalley's Funeral Home Inc. ADDRESS: Mt. Rainier, Maryland

25a RECD BY REGISTRAR DATE: MAY 29 1968

25b REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

7203

1. DECEASED-NAME (Type or print) First: ARTHUR Middle: W. Last: DEFENDERFER		2a. DATE OF DEATH Month Day Year: MAY 30, 1968	2b. HOUR: 110 M
3. SEX: Male	4. RACE: Caucasian	5. DATE OF BIRTH: May 17, 1892	6. AGE (In years last birthday): 76 YRS. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min
7a. BIRTHPLACE (State or foreign country): Tenn.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Montgomery Md.
10. CITY OR TOWN OF DEATH: Chevy Chase	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 9 E. Kirke Street	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): President	12b. KIND OF BUSINESS OR INDUSTRY: Insurance
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md.	13b. COUNTY: Montg.	13c. CITY OR TOWN: Chevy Chase	13d. INSIDE CITY LIMITS? YES [X] NO [ ] — 13e. STREET AND NUMBER: 9 E. Kirke Street
14. FATHER'S NAME First: Robert Middle: M. Last: Defenderfer		15. MOTHER'S MAIDEN NAME First: Annie Last: Woganan	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes give war or dates of service): WW I	16b. SOCIAL SECURITY NO.: 579-03-0761	17. INFORMANT: Mrs. Eugene W. Krebsbach, Address: St. Paul, Minn.	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c))

PART I DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Septicemia, gram negative — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

185 X

DUE TO, OR AS A CONSEQUENCE OF

(b) Paraplegia — 5 months

DUE TO, OR AS A CONSEQUENCE OF

(c) Carcinoma of prostate with spinal cord metastasis — 7 years

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

177 X

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While [ ] at work Not while [ ] at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I **certify** that (I) (this hospital) attended the deceased from Dec, 19 67, to 30 May, 19 68, that (I) (we) last saw the deceased alive on 30 MAY 19 68, and that in (my) (our) opinion death accurred on the date and haur and from the causes stated above, (I) (we) (did) (did not) view the bady after death.

22b. SIGNATURE: Richard M. Huffman, MD. DEGREE — ATTENDING PHYS. [✓] MED. DIRECTOR [ ] STAFF PHYS. [ ]		22c. DATE SIGNED: 30 May 1968
22d. PHYSICIAN'S NAME (Type): RICHARD M. HUFFMAN,	22e. ADDRESS: 2001 EYE ST. N.W., WASH, D.C.	

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 6/4/68	23c. NAME OF CEMETERY OR CREMATORY: Arlington National Cem.	23d. LOCATION (City or Town) (County) (State): Arlington, Virginia
24. FUNERAL DIRECTOR: Joseph Gawler's Sons,	ADDRESS: Washington, D.C,	25a. RECD BY REGISTRAR DATE: JUN 6 1968	25b. REGISTRAR'S SIGNATURE: Charles Judge

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

37204

1 DECEASED-NAME (Type or print): First: Mary; Middle: Ann; Last: Deffinbaugh

2a. DATE OF DEATH: Month: May; Day: 22; Year: 1968

2b. HOUR: M

3. SEX: Female

4. RACE: White

5. DATE OF BIRTH: Feb. 16, 1867

6. AGE (In years last birthday): 101 YRS.

IF UNDER 1 YEAR: MONTHS / DAYS

IF UNDER 24 HRS.: HOURS / MIN

7a. BIRTHPLACE (State or foreign country): Maryland

7b. CITIZEN OF WHAT COUNTRY?: U.S.A.

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. COUNTY OF DEATH: Montgomery Md

10. CITY OR TOWN OF DEATH: Silver Spring

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 16301 N.H. Avenue

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife

12b. KIND OF BUSINESS OR INDUSTRY: Own Home

13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: Maryland

13b. COUNTY: Montgomery

13c. CITY OR TOWN: Silver Spring

13d. INSIDE CITY LIMITS? YES ☐ NO ☐

13e. STREET AND NUMBER: 10609 Bucknell Dr., S.S. Md

14. FATHER'S NAME: First: John; Middle: Alexander; Last: Burch

15. MOTHER'S MAIDEN NAME: First: Mary; Middle: Wood; Last: Cartwright

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.: 578-05-9464-A2

17. INFORMANT: Charles D. Deffinbaugh; Address: 10609 Bucknell Drive Silver Spring, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) PULMONARY CONGESTION — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: TERMINAL

DUE TO, OR AS A CONSEQUENCE OF (b) CORONARY ISCHEMIA — YRS

DUE TO, OR AS A CONSEQUENCE OF (c) ARTERIOSCLEROTIC HEART DS — YRS.

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: 4129

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO ☒

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from MARCH, 1968, to 22 MAY, 1968, that (I) (we) last saw the deceased alive on 21 MAY 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: D.R. Lewis M.D. DEGREE: ATTENDING PHYS. ☒ MED DIRECTOR ☐ STAFF PHYS. ☐

22c. DATE SIGNED: 22 May 68.

22d. PHYSICIAN'S NAME (Type): DONALD R. LEWIS

22e. ADDRESS: 700 CLOVERLY ST. SILVER SPRING

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: May 25, 1968

23c. NAME OF CEMETERY OR CREMATORY: Grace Episcopal Ch. Cemetery

23d. LOCATION (City or Town) (County) (State): Sil. Spr. Montg. Md.

24. FUNERAL DIRECTOR: Carter C. Clemens ADDRESS: Warner E. Pumphrey, Inc., 8434 Ga. Ave. S.S. Md.

25a. REC'D BY REGISTRAR DATE: MAY 27 1968

25b. REGISTRAR'S SIGNATURE: Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers (pages 1) and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A 5K 4
30M REV. 7-68

1

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

7265

1. DECEASED NAME (Type or Print): First Mark Middle Francis Last Delker
Mark Francis Delker

2a. DATE KNOWN OF DEATH ☒ / ESTIMATED ☐: Month May Day 19 Year 1968
2b. HOUR 7:45 AM

3. SEX: M
4. RACE: W
5. DATE OF BIRTH: 5/28/51
6. AGE (in years last birthday): 16 YRS
UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HRS: HOURS / MIN

2c. DATE PRONOUNCED DEAD: Month May Day 25 Year 19 68
2d. HOUR 9:25 AM

7a. BIRTHPLACE (State or foreign country): Indiana
7b. CITIZEN OF WHAT COUNTRY? USA
8. MARR ED: NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: Montgomery Md.

10. CITY OR TOWN OF DEATH: Potomac
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address):
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Student
12b. KIND OF BUSINESS OR INDUSTRY:

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Virginia
13b. COUNTY Fairfax
13c. CITY OR TOWN McLean
13d. INSIDE CITY LIMITS? YES ☑ NO ☐
13e. STREET AND NUMBER 1711 Great Falls St.

14. FATHER'S NAME: First Paul Middle V. Last Delker
15. MOTHER'S MAIDEN NAME: First Madeleine Middle Last Bordes

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes give war or dates of service)
16b. SOCIAL SECURITY NO. 227 724 596
17. INFORMANT: Paul V. Delker
ADDRESS: 1711 Great Falls St. McLean, Virginia

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Drowning
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
None

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?
20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH
21b. TIME OF INJURY Month, Day, Year HOUR A.M. 2:45 P.M. 5-19 19 68
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) Swimming & went too far out
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21e. PLACE OF INJURY (At home, farm, street, factory, office building etc.) River
21f. LOCATION Street or R.F.D. No. / City or Town / County / State: Potomac River Potomac Montgomery Md.

22a. I certify that I took charge of the remains described above, held on Autopsy ☐, Inspection ☒, Inquiry ☐, and in my opinion death resulted from Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: John Rogers M.D.
EXAMINER'S NAME (Type): John Rogers
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town, or county)
22b. DATE SIGNED: 3-25-68

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/30/68
23c. NAME OF CEMETERY OR CREMATORY: St. Louis Cemetery
23d. LOCATION (City or Town) (County) (State): Henderson Kentucky

24. FUNERAL DIRECTOR: Tyson Wheeler Funeral Home
ADDRESS: 1331 Rockville Pike Rockville, Md.
25a. REC'D BY REGISTRAR DATE: MAY 29 1968
25b. REGISTRAR'S SIGNATURE: Charles Yingling

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMS. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR ATSME (5)
10M REV. 1/68

7206

Item #11 6/12/68 #601 6/4/68km

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

1 DECEASED NAME (Type or print): First Lillian Middle Sara Last Dembrow

2a DATE OF DEATH: Month 5 Day 25 Year 68

2b HOUR: 4:30 P.M.

3 SEX: Female

4 RACE: White

5 DATE OF BIRTH: April 14 1899

6 AGE (In years last birthday): 70 YRS

IF UNDER 1 YEAR: MONTHS / DAYS

IF UNDER 24 HRS: HOURS / MIN

7a BIRTHPLACE (State or foreign country): Germany

7b. CITIZEN OF WHAT COUNTRY? Yes U.S.A.

8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. COUNTY OF DEATH: Montgomery Md.

10 CITY OR TOWN OF DEATH: Silver Spring

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 7311 Colesville Rd.

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife

12b. KIND OF BUSINESS OR INDUSTRY:

13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md.

13b. COUNTY: Mont

13c. CITY OR TOWN: Silver Spring

13d INSIDE CITY LIMITS? YES ☒ NO ☐

13e. STREET AND NUMBER: 9318 Colesville Rd.

14 FATHER'S NAME First HARRIS Middle L Last COHEN

15 MOTHER'S MAIDEN NAME First Middle Last

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16b SOCIAL SECURITY NO: 215-20-2917

17 INFORMANT: Daniel Dembrow (Son) Address 12509 Tamp Drive Silver Spring

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Myocardial Disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sudden

DUE TO, OR AS A CONSEQUENCE OF (b) Hypertensive Heart Disease — 1 year

DUE TO, OR AS A CONSEQUENCE OF (c) Arteriosclerosis

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Chronic Senility

19a DATE OF OPERATION:

19b CONDITION FOR WHICH OPERATION WAS PERFORMED:

20a. AUTOPSY? YES ☐ NO ☒

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from April 15, 1968, to May 25, 1968, that (I) (we) last saw the deceased alive on May 17, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b SIGNATURE: Philip E. Jones M.D. DEGREE: ATTENDING PHYS ☒ MED. DIRECTOR ☐ STAFF PHYS ☐

22c. DATE SIGNED:

22d PHYSICIAN'S NAME (Type): Philip E. Jones

22e ADDRESS: 800 Spring Drive Silver Spring Md.

23a BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5/28/68

23c NAME OF CEMETERY OR CREMATORY: Arlington Nat. Cem.

23d LOCATION (City or Town) (County) (State): Arlington Va

24 FUNERAL DIRECTOR: W W Chambers Inc. ADDRESS: 8656 Ga. Ave. Silver Spring

25a REC'D BY REGISTRAR DATE: MAY 29 1968

25b REGISTRAR'S SIGNATURE: Charles Judge

Cleared by Coroner

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

57207

Item #2b film #G401 5/31/68

1. DECEASED-NAME (Type or print) First: Frank Middle: Bernard Last: Denbowski, Jr.	2a. DATE OF DEATH Month: May Day: 15 Year: 1968	2b. HOUR P.M. 8:00	
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: 31 December 1952	6. AGE (In years last birthday): 15 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN
7a BIRTHPLACE (State or foreign country): Pennsylvania	7b CITIZEN OF WHAT COUNTRY?: USA	8 MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Montgomery Md.
10 CITY OR TOWN OF DEATH: Bethesda	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): The Clinical Center	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Student	12b KIND OF BUSINESS OR INDUSTRY: None
13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Pennsylvania	13b. COUNTY: ✓	13c CITY OR TOWN: Reading	13d INSIDE CITY LIMITS? YES ☒ NO ☐ — 13e STREET AND NUMBER: 20 N. 23rd St., Mt. Penn
14. FATHER'S NAME First: Frank Middle: B. Last: Denbowski, Sr.	15. MOTHER'S MAIDEN NAME First: Salome Middle: Last: Constantine		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b SOCIAL SECURITY NO: None	17. INFORMANT: The Medical Record Address: The Clinical Center, NIH, Bethesda, Maryland	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c))

PART I DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Hypoxia	10 minutes
DUE TO, OR AS A CONSEQUENCE OF (b)	Pneumonia with Hydrothorax	2 days
DUE TO, OR AS A CONSEQUENCE OF (c)	Hodgkin's Disease	36 months

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION	19b CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? YES ☒ NO ☒	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d INJURY OCCURRED While ☐ at work Not while ☐ at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. **I certify** that (I) (this hospital) attended the deceased from 15 May, 1968, to 15 May, 1968, that (I) (we) last saw the deceased alive on 15 May 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b SIGNATURE: Robert C. Young MD DEGREE — ATTENDING PHYS ☐ MED DIRECTOR ☐ STAFF PHYS ☒		22c DATE SIGNED: 15 May 1968
22d. PHYSICIAN'S NAME (Type): Robert C. Young, M.D.	22e. ADDRESS: The Clinical Center, National Institutes of Health, Bethesda, Md.	

23a BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 5-20-68	23c. NAME OF CEMETERY OR CREMATORY: Gethsemane Cemetery	23d. LOCATION (City or Town) (County) (State): Berks County, Penna.
24. FUNERAL DIRECTOR: ROBERT A. PUMPHREY, Bethesda, Maryland	ADDRESS	25a. REC'D BY REGISTRAR DATE: MAY 20 1968	25b. REGISTRAR'S SIGNATURE: James Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

32208

1 DECEASED-NAME (Type or print) First: Clara	Middle: Lucille	Last: Dickey	2a. DATE OF DEATH Month: May Day: 12 Year: 1968
2b. HOUR 9:05 A.M.	3 SEX: Female	4 RACE: White	5 DATE OF BIRTH: 22 May 1906
6 AGE (In years last birthday) 61 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a BIRTHPLACE (State or foreign country) Alabama	7b. CITIZEN OF WHAT COUNTRY? USA	8 MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9 COUNTY OF DEATH: Montgomery Md.
10 CITY OR TOWN OF DEATH: Bethesda	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) The Clinical Center	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Housewife	12b KIND OF BUSINESS OR INDUSTRY
13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Virginia	13b COUNTY	13c CITY OR TOWN: Alexandria	13d INSIDE CITY LIMITS? YES [X] NO [ ]
13e. STREET AND NUMBER: 7529 Republic Court, #103			
14. FATHER'S NAME First: Samuel	Middle	Last: Dickey	15. MOTHER'S MAIDEN NAME First: Rachel Middle	Last: Dawson
16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes give war or dates of service) —	16b. SOCIAL SECURITY NO Unknown	17. INFORMANT The Medical Records Address The Clinical Center, NIH, Bethesda, Maryland

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Congestive Heart Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 years

140

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b) Rheumatic Heart Disease with Mitral Stenosis — 40 years

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION	19b CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? YES [X] NO [ ]	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d INJURY OCCURRED While at work [ ] Not while at work [ ]	21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f LOCATION Street or R.F.D. No. City or Town County State	

22a I certify that ~~I~~ (this hospital) attended the deceased from 1 May, 19 68, to 12 May, 19 68, that ~~I~~ (we) last saw the deceased alive on 12 May 19 68, and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~I~~ (we) (did) ~~did not~~ view the body after death.

22b SIGNATURE: John Paul Comstock MD — DEGREE — ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [X] — 22c. DATE SIGNED: 12 May 1968

22d PHYSICIAN'S NAME (Type): John Paul Comstock, M.D. — 22e ADDRESS: The Clinical Center, National Institutes of Health, Bethesda, Md. 20014

23a BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5-15-68	23c. NAME OF CEMETERY OR CREMATORY —	23d LOCATION (City or Town) FLORENCE (County) (State) ALA.
24 FUNERAL DIRECTOR W.W. Chambers Co	ADDRESS 1400 Chapin St. N.W. Wash. D.C.	25a. REC'D BY REGISTRAR DATE MAY 15 1968	25b REGISTRAR'S SIGNATURE [illegible]

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

07209 — 215

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, with n 72 hours after death.

1. DECEASED-NAME (Type or print): First Claude — Middle Robert — Last Dicks
2a. DATE OF DEATH: Month 5 — Day 14 — Year 68
2b. HOUR: 11:27 P.M.
3. SEX: Male
4. RACE: White
5. DATE OF BIRTH: 7-18-91
6. AGE (In years last birthday): 76 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Ga.
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: MONTGOMERY Md.
10. CITY OR TOWN OF DEATH: Takoma Park
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Washington Sanitarium Hosp.
12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired): Machinist
12b. KIND OF BUSINESS OR INDUSTRY: NAVY YARD
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: D.C.
13b. COUNTY: ✓
13c. CITY OR TOWN: Washington
13d. INSIDE CITY LIMITS? YES [X] NO [ ]
13e. STREET AND NUMBER: 116-6th St. N.W.
14. FATHER'S NAME: First Benjamin — Middle — Last Dicks
15. MOTHER'S MAIDEN NAME: First Virginia — Middle — Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes give war or dates of service): NAVY WW I
16b. SOCIAL SECURITY NO.: 720-14-6103
17. INFORMANT: Hospital Records — Address: 7600 Carroll Ave.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b) and (c).)

PART 1 DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	BILATERAL BRONCHOPNEUMONIA	2 days
DUE TO, OR AS A CONSEQUENCE OF (b)	BRONCHOGENIC CARCINOMA, LEFT LUNG	5 Mo.
DUE TO, OR AS A CONSEQUENCE OF (c)	WITH METASTATIC CARCINOMA	—

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

16 2 1

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): ABDOMINAL AORTIC ANEURYSM; PULMONARY EMPHYSEMA

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES [X] NO [ ]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. — City or Town — County — State

22a. I **certify** that (I) (~~this hospital~~) attended the deceased from JAN. 15, 1968, to MAY 14, 1968, that (I) (~~we~~) last saw the deceased alive on 5-14-1968, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Samuel A. Hillman MD — DEGREE — ATTENDING PHYS [X] MED DIRECTOR [ ] STAFF PHYS [ ]
22c. DATE SIGNED: 5/15/68
22d. PHYSICIAN'S NAME (Type): SAMUEL A. HILLMAN, MD
22e. ADDRESS: 8829 FLOWER AVE. SILVER SPRING, MD 20901

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/18/68
23c. NAME OF CEMETERY OR CREMATORY: Cedar Hill
23d. LOCATION (City or Town) (County) (State): Suitland, Md.
24. FUNERAL DIRECTOR: Lee Funeral Home — ADDRESS: Washington, D. C.
25a. REC'D BY REGISTRAR: DATE MAY 20 1968
25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A15 (A) 30M REV 1/68

1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

072:0
Item #15 per Tele. Conv. with Funeral Dir. 5/29/68 jb

1. DECEASED-NAME (Type or print) First: Thomas Middle: MORAN Last: Dinsmore	2a. DATE OF DEATH Month: May Day: 7 Year: 1968	2b. HOUR 1:37 P.M.	
3. SEX: M	4. RACE: W	5. DATE OF BIRTH: 7-27-96	6. AGE (In years last birthday): 71 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Balto.	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Montgomery Md.
10. CITY OR TOWN OF DEATH: Takoma Park	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Washington Sanit Hosp	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY: American Rail Co.
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Colonial Villa	13b. COUNTY: Montgomery	13c. CITY OR TOWN: Silver Spring	13d. INSIDE CITY LIMITS? YES ☐ NO ☒ 13e. STREET AND NUMBER: 12325 N. Hampshire Ave
14. FATHER'S NAME First: Thomas M. Dinsmore		15. MOTHER'S MAIDEN NAME First: Adelaide Jeannette Middle: Klatte Last: Claggett	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: Yes	16b. SOCIAL SECURITY NO: 579-44-5257 (If yes give war or dates of service: WWI)	17. INFORMANT: Mrs. Arthur White Address: Hospital Records	Annapolis, Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY.

4109

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

IMMEDIATE CAUSE (a) Ventricular fibrillation — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF

(b) Acute myocardial infarction — Hrs

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I **certify** that (I) (this ~~hospital~~) attended the deceased from Dec. 19__, to May 7, 1968, that (I) (~~we~~) last saw the deceased alive on May 7, 1968, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~does~~) view the body after death.

22b. SIGNATURE: R H Sandstrom MD.	DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 5/7/68	
22d. PHYSICIAN'S NAME (Type): R. H. Sandstrom M.D.	22e. ADDRESS: 7701 Carroll Ave TK-BK, Md		

23a. BURIAL, CREMATION, REMOVAL (Specify): burial	23b. DATE: 5/10/1968	23c. NAME OF CEMETERY OR CREMATORY: Moreland Mem.	23d. LOCATION (City or Town) (County) (State): Balto. Co. Md.
24. FUNERAL DIRECTOR: Mitchell-Wiedefeld Home	ADDRESS: 6500 York Rd. Balto., Md. 21212	25a. REC'D BY REGISTRAR DATE: MAY 13 1968	25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

Cleared w Dr Rep Not coroner cases Dr Saulterson

VR A15 (A)
30M REV 1/66

1

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Item #6, Film Gl 01 6 4

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. DECEASED NAME (Type or Print): First Horace Middle M Last Linwiddie

2a. DATE OF DEATH: KNOWN [X] ESTIMATED [ ] Month May Day 21 Year 1968

2b. HOUR 9:23 A.M.

3. SEX: Male

4. RACE: W

5. DATE OF BIRTH: 11/1/96

6. AGE (in years last birthday): 71 YRS; IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS: HOURS, MIN.

2c. DATE PRONOUNCED DEAD: Month May Day 21 Year 1968

2d. HOUR 9:23 A.M.

7a. BIRTHPLACE (State or foreign country): Ohio

7b. CITIZEN OF WHAT COUNTRY? U.S.A.

8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

9. COUNTY OF DEATH: Montgomery Md.

10. CITY OR TOWN OF DEATH: Bethesda

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Suburban

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Retired

12b. KIND OF BUSINESS OR INDUSTRY: Int Revenue

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Texas

13b. COUNTY:

13c. CITY OR TOWN: Dallas

13d. INSIDE CITY LIMITS? YES [ ] NO [ ]

13e. STREET AND NUMBER: 2746 So Polk Street.

14. FATHER'S NAME: First Edwin Middle C Last Linwiddie

15. MOTHER'S MAIDEN NAME: First Olive Middle Last Smith

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes give war or dates of service): W W I

16b. SOCIAL SECURITY NO: 467648995

17. INFORMANT: Sister Mrs. Edith Pauline Greer ADDRESS 4575 Highland Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Myocardial Infarction c Rupture of Ventricle — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 hr.

DUE TO, OR AS A CONSEQUENCE OF

(b) Coronary Thrombosis Acute — 6 hr.

DUE TO, OR AS A CONSEQUENCE OF

(c)

I104

Conditions if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION:

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?

20. AUTOPSY? YES [X] NO [ ]

21a. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH

21b. TIME OF INJURY Month, Day Year HOUR A.M. P.M. 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18)

21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that I took charge of the remains described above, held an Autopsy [X] Inspection [X] Inquiry [X] and in my opinion death resulted from: Natural causes [X] Accident [ ], Suicide [ ], Homicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE: John G. Ball M.D.

EXAMINER'S NAME (Type): JOHN G. BALL

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
DEPUTY MEDICAL EXAMINER [X]

ADDRESS (Street, city, town, or county): Bethesda, Md.

22b. DATE SIGNED: 5/21/68.

23a. BURIAL CREMATION REMOVAL (Specify): Burial

23b. DATE: 5-25-68

23c. NAME OF CEMETERY OR CREMATORY: Laurel Land Cemetery

23d. LOCATION (City or Town) Dallas (County) (State) Texas

24. FUNERAL DIRECTOR: Robert A Pumphrey ADDRESS 7557 Wisc Ave Bethesda Md

25a. REC'D BY REGISTRAR DATE May 24 1968

25b. REGISTRAR'S SIGNATURE: Charles Judge

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5)
10M REV 1/68

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers (pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (H) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

36212

1. DECEASED-NAME (Type or print): First VERNA Middle (NONE) Last Dixon
2a. DATE OF DEATH: Month 5 Day 19 Year 68
2b. HOUR: 7P M
3. SEX: FEMALE
4. RACE: CAUC.
5. DATE OF BIRTH: 9-4-84
6. AGE (In years last birthday): 83 YRS. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min
7a. BIRTHPLACE (State or foreign country): Md.
7b. CITIZEN OF WHAT COUNTRY?: AMER. U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Montgomery County Md.
10. CITY OR TOWN OF DEATH: TAKOMA PARK
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Wash. San. & Hospital
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): ~~1130 Hornell Dr~~
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.
13b. COUNTY:
13c. CITY OR TOWN: Ednor
13d. INSIDE CITY LIMITS? YES ☐ NO ☐
13e. STREET AND NUMBER: 1130 Hornell Dr. Sil. Sp. Md
14. FATHER'S NAME: First Allen Middle Last
15. MOTHER'S MAIDEN NAME: First BELLE Middle
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 578 10 4633
17. INFORMANT: Pearl Charnley-Daughter Address: Same as 13e

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia
DUE TO, OR AS A CONSEQUENCE OF (b)
DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While ☐ at work Not while ☐ at work
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from January 19 68, to May 19, 19 68, that (I) (we) last saw the deceased alive on May 19 19 68, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Boris Rabkin MD DEGREE ATTENDING PHYS ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 5-19-68
22d. PHYSICIAN'S NAME (Type): BORIS RABKIN, MD
22e. ADDRESS: 1019 Univ Blvd East

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-22-1968
23c. NAME OF CEMETERY OR CREMATORY: Cedar Hill
23d. LOCATION (City or Town) (County) (State): Suitland Md
24. FUNERAL DIRECTOR: Lee Funeral Home ADDRESS: 300-4 St N.E. Wash. D.C.
25a. REC'D BY REGISTRAR DATE: MAY 23 1968
25b. REGISTRAR'S SIGNATURE: [illegible] Judge

1

FOR STATE HEALTH DEPT.

1

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5)
10M REV 1-68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

37213

1 DECEASED NAME (Type or Print): First Celestia; Middle Currier; Last Dodson

2a DATE OF DEATH: KNOWN ☐ ESTIMATED ☒ Month May Day 23 Year 1968 — 2b HOUR 8 A.M.

3 SEX: Female — 4 RACE: White — 5 DATE OF BIRTH: July 29, 1886 — 6 AGE (in years at last birthday): 81 YRS — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN.

2c DATE PRONOUNCED DEAD: Month May 23, Day, Year 1968 — 2d HOUR 9:30 A.M.

7a BIRTHPLACE (State or foreign country): Virginia — 7b CITIZEN OF WHAT COUNTRY? U.S.A. — 8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ — 9 COUNTY OF DEATH: Montgomery Md.

10. CITY OR TOWN OF DEATH: Olney — 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 16619 Batchellors Forest Drive — 12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife — 12b KIND OF BUSINESS OR INDUSTRY:

13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland — 13b COUNTY: Montgomery — 13c CITY OR TOWN: Olney — 13d INSIDE CITY LIMITS? YES ☒ NO ☐ — 13e STREET AND NUMBER: 16619 Batchellors Forest Drive

14 FATHER'S NAME: First Jerry, Middle, Last Currier — 15. MOTHER'S MAIDEN NAME: First Ada, Middle Perkins, Last Parrish

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes give war or dates of service) — 16b SOCIAL SECURITY NO — 17 INFORMANT: Daughter, Mrs. J.W. Campbell — ADDRESS: Same as Item 13.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Coronary insufficiency, Acute — Sudden

4124

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b) Cardio-vascular disease — years

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

T20.

19a DATE OF OPERATION — 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? — 20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH — 21b TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19 — 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) — 21f LOCATION Street or R.F.D. No. City or Town County State

22a **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: John G. Ball M.D.

EXAMINER'S NAME (Type): JOHN G. BALL

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town, or county): Bethesda, Md.

22b. DATE SIGNED: May 23, 1968

23a BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b DATE: 5-25-68 — 23c NAME OF CEMETERY OR CREMATORY: Highland Park Cem. — 23d LOCATION (City or Town) (County) (State): Danville, Virginia

24 FUNERAL DIRECTOR: ROBERT A. PUMPHREY — ADDRESS: Bethesda, Maryland — 25a REC'D BY REGISTRAR DATE MAY 27 1968 — 25b. REGISTRAR'S SIGNATURE: Charles Judge

10 1

FOR STATE HEALTH DEPT.

M

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 DECEASED NAME (Type or Print)	First: ROBERT	Middle: LAWRENCE	Last: DORSEY	2a DATE OF DEATH KNOWN ☐ ESTIMATED ☒	Month 5 Day 30 Year 1968
2b HOUR 8:35 A.M.	2c. DATE PRONOUNCED DEAD Month Day 5-30 Year 1968	2d HOUR 8:35 A.M.			

3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HRS: HOURS	MIN
Male	White	1-24-27	41 YRS				

7a BIRTHPLACE (State or foreign country) N. J.	7b CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9 COUNTY OF DEATH Montgomery Md	
10 CITY OR TOWN OF DEATH Burtonsville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Washington San. & Hospital	12a USUAL OCCUPATION (Kind of work done during most of working life even if retired.) Plumber	12b KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	
13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE Maryland	13b. COUNTY Montgomery	13c CITY OR TOWN Burtonsville	13d INSIDE CITY LIMITS? YES ☒ NO ☐	13e STREET AND NUMBER 14000 Castle Blvd.
14 FATHER'S NAME First: Frank Middle: M. Last: DORSEY	15 MOTHER'S MAIDEN NAME ~~First~~ ~~Middle~~ ~~Last~~ BODEMER, ETHEL			
16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES - NAVY - 1945 (If yes give war or dates of service)	16b SOCIAL SECURITY NO 218-12-0420	17 INFORMANT FRANK M. DORSEY	ADDRESS SOMERSET, N.J.	

MEDICAL CERTIFICATION

18 **CAUSE OF DEATH** (Enter only one cause per line for (a), (b) and (c).)

PART 1 DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Acute Myocardial Infarction

4104

DUE TO, OR AS A CONSEQUENCE OF

(b) Arteriosclerotic Heart Disease

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES ☒ NO ☐
21a EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b TIME OF INJURY Month Day, Year HOUR A.M. P.M. 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18)
21d INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f LOCATION Street or R.F.D. No. City or Town County State

22a **I certify** that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and in my opinion death resulted from Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE Belden R. Reap M.D.

EXAMINER'S NAME (Type) BELDEN R. REAP M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town or county) Gaithersburg

22b DATE SIGNED MAY 30, 1968

23a BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6/3/68	23c. NAME OF CEMETERY OR CREMATORY GATE OF HEAVEN	23d LOCATION (City or Town) SILVER SPRING (County) (State) MD.
24 FUNERAL DIRECTOR Jos. GAWLER'S SONS	ADDRESS 5130 WIS. AVE, NW WASH. D.C.	25a REC'D BY REGISTRAR DATE JUN 6 1968	25b REGISTRAR'S SIGNATURE Charles Yuzzi

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2 and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death

VR A15ME (3)
10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

22215 — 37221

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 3 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

1. DECEASED NAME (Type or print): First Henry Middle A. Last Eberle
2a. DATE OF DEATH: Month May Day 24 Year 68
2b. HOUR: 4:18 P.M.
3. SEX: Male
4. RACE: White
5. DATE OF DATE OF BIRTH: 11/28/76
6. AGE (In years last birthday): 92 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): West Va.
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Montgomery Md
10. CITY OR TOWN OF DEATH: Bethesda
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Suburban
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Machinist
12b. KIND OF BUSINESS OR INDUSTRY: Gen. Mfg.
13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) STATE: Maryland
13b. COUNTY: Montgomery
13c. CITY OR TOWN: Rockville
13d. INSIDE CITY LIMITS? YES ☐ NO ☐
13e. STREET AND NUMBER: 4312 Federal St.
14. FATHER'S NAME First Christian Middle Last Eberle
15. MOTHER'S MAIDEN NAME First Wilhelmina Middle Last Planer
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes give war or dates of service): no
16b. SOCIAL SECURITY NO.: 263-96-1499
17. INFORMANT (Name and address): Charles Eberle, Rockville Md. #312 Federal St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Lobar pneumonia, R & L lungs — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 days
DUE TO, OR AS A CONSEQUENCE OF (b)
DUE TO, OR AS A CONSEQUENCE OF (c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Recent thrombotic occlusion L coronary artery
19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☒ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY OFFICE BUILDING, ETC)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 5/16, 19 68, to 5/23, 19 68, that (I) (we) last saw the deceased alive on 5/24, 19 68, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death
22b. SIGNATURE: Fred A. Gill, M.D. DEGREE — ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐
22c. DATE SIGNED: 5/25/68
22d. PHYSICIAN'S NAME (Type): FRED A. GILL, M.D.
22e. ADDRESS: 4743 BRADLEY BLVD. CHEVY CHASE MD

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/27/68
23c. NAME OF CEMETERY OR CREMATORY: Ft. Lincoln
23d. LOCATION (City or Town) (County) (State): Colmar Manor P.G. Md.
24. FUNERAL DIRECTOR: Francis Gasch's Sons Hyattsville, Md.
ADDRESS
25a. REC'D BY REGISTRAR DATE MAY 31 1968
25b. REGISTRAR'S SIGNATURE: Charles Judge

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

.7216

1. DECEASED NAME (Type or print): First ALFRED Middle E Last Eichler
2a. DATE OF DEATH: Month MAY Day 31 Year 1968
2b. HOUR: 9 A. M
3. SEX: male
4. RACE: white
5. DATE OF BIRTH: Aug. 7, 1902
6. AGE (In years last birthday): 65 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Ill.
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Montgomery Md
10. CITY OR TOWN OF DEATH: Chevy Chase
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 163 Quincy St.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Newspaperman
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland
13b. COUNTY: Montgomery
13c. CITY OR TOWN: Chevy Chase
13d. INSIDE CITY LIMITS? YES [X] NO [ ]
13e. STREET AND NUMBER: 163 Quincy St.
14. FATHER'S NAME First John A. Middle Last Eichler
15. MOTHER'S MAIDEN NAME First Nellie Middle May Last Fickes
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, No or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 578 09 9096
17. INFORMANT: Bessie H. Eichler Address: Item #13

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) CORONARY THROMBOSIS — IMMEDIATE
4100
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b) HYPERTENSIVE CARDIOVASCULAR DIS. — 15 YEARS
DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [ ] NO [ ]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from FEB, 1968, to MAY, 1968, that (I) (we) last saw the deceased alive on MAY 2 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Philip R. James, M.D. DEGREE — ATTENDING PHYS [X] MED DIRECTOR [ ] STAFF PHYS [ ]
22c. DATE SIGNED: MAY 31, 1968
22d. PHYSICIAN'S NAME (Type): Philip R. JAMES, M.D.
22e. ADDRESS: Washington Clinic Wisc. and Western Aves NW Wash. DC

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 4, 1968
23c. NAME OF CEMETERY OR CREMATORY: Mound Cemetery
23d. LOCATION (City or Town) (County) (State): Racine Wisc.
24. FUNERAL DIRECTOR: Jos. Gawler Sons Inc ADDRESS: 5130 Wisc. Ave Wash. DC
25a. REC'D BY REGISTRAR DATE: JUN 6 1968
25b. REGISTRAR'S SIGNATURE: J. Charles Junior

1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

07217

1. DECEASED-NAME (Type or print): First Raymond Middle Orlando Last Eliason
2a. DATE OF DEATH: Month May Day 10 Year 1968
2b. HOUR: 7:15 PM
3. SEX: male
4. RACE: white
5. DATE OF BIRTH: Oct. 24-1891
6. AGE (In years last birthday): 76 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): Washington DC
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Montgomery Md.
10. CITY OR TOWN OF DEATH: Bethesda
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Suburban
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Retired - Colonel
12b. KIND OF BUSINESS OR INDUSTRY: Gov't.
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: D.C.
13b. COUNTY: —
13c. CITY OR TOWN: WASH.
13d. INSIDE CITY LIMITS? YES [X] NO [ ]
13e. STREET AND NUMBER: 5507 13th St. - NW Wash DC
14. FATHER'S NAME: First William Middle A. Last Eliason
15. MOTHER'S MAIDEN NAME: First N/A Middle Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: yes (If yes give war or dates of service) 1942-1945
16b. SOCIAL SECURITY NO: 579-38-7656
17. INFORMANT: Mr. Robert Tanner Address: Mr. Tanner - 6313 Kirby St - Bethesda

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac arrest
DUE TO, OR AS A CONSEQUENCE OF (b) myocardial infarct — 7-10 days
DUE TO, OR AS A CONSEQUENCE OF (c) Arteriosclerotic H. disease — 10 yrs.

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

41

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Vertebral Basilar occlusions, emboli from murmur

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [X] NO [ ]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) ~~(this hospital)~~ attended the deceased from 5-5, 1968 to 5-10, 1968, that (I) ~~(we)~~ last saw the deceased alive on 5-10 1968, and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we)~~ (did) ~~(did not)~~ view the body after death.

22b. SIGNATURE: Marvin Wadler M.D. DEGREE — ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]
22c. DATE SIGNED: 5/11/68
22d. PHYSICIAN'S NAME (Type): MARVIN WADLER
22e. ADDRESS: 8218 Wisconsin Av. Bethesda Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 5/13/68
23c. NAME OF CEMETERY OR CREMATORY: FT. LINCOLN CEM.
23d. LOCATION (City or Town) (County) (State): BLADENSBURG, MD.
24. FUNERAL DIRECTOR: JOS. GAWLER'S SONS ADDRESS: 5130 WIS. AVE, N.W. WASH., D.C.
25a. REC'D BY REGISTRAR DATE: MAY 16 1968
25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A 5/67
30M REV. 1/68

1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

06218 — 31224

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 4 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print): First: Francis; Middle: Harper; Last: Fannon
2a. DATE OF DEATH: Month: May; Day: 27; Year: 1968
2b. HOUR: 4:50 P.M.
3. SEX: Male
4. RACE: White
5. DATE OF BIRTH: 10 March 1896
6. AGE (In years last birthday): 72 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS: HOURS, MIN
7a. BIRTHPLACE (State or foreign country): Virginia
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Montgomery Md.
10. CITY OR TOWN OF DEATH: Bethesda
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): The Clinical Center, NIH
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Manager
12b. KIND OF BUSINESS OR INDUSTRY: Corporation
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Virginia
13b. COUNTY: ✓
13c. CITY OR TOWN: Alexandria
13d. INSIDE CITY LIMITS? YES [X] NO [ ]
13e. STREET AND NUMBER: 3313 Alabama Avenue
14. FATHER'S NAME: First: Thomas; Middle; Last: Fannon
15. MOTHER'S MAIDEN NAME: First: Rose; Middle; Last: Smith
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes give war or dates of service): WWI
16b. SOCIAL SECURITY NO.: Not available
17. INFORMANT: The Medical Record — Address: The Clinical Center, NIH, Bethesda, Maryland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cryptococcal Meningitis — 3 months
DUE TO, OR AS A CONSEQUENCE OF
(b) Waldenström's Macroglobulinemia — 2 years
DUE TO, OR AS A CONSEQUENCE OF
(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

73.2 x

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [X] NO [ ]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (X) (this hospital) attended the deceased from 16 April, 1968, to 27 May, 1968, that (X) (we) last saw the deceased alive on 27 May 1968, and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above, (X) (we) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: Robert V. Fulk Jr. MD — DEGREE — ATTENDING PHYS [X] MED DIRECTOR [ ] STAFF PHYS. [ ]
22c. DATE SIGNED: 28 May 1968
22d. PHYSICIAN'S NAME (Type): Robert V. Fulk, Jr., M.D.
22e. ADDRESS: The Clinical Center, National Institutes of Health, Bethesda, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/31/68
23c. NAME OF CEMETERY OR CREMATORY: St. Mary Cemetery
23d. LOCATION (City or Town) (County) (State): Alexandria, Virginia
24. FUNERAL DIRECTOR: J. S. Everly — ADDRESS: Everly-Wheatley Funeral Home, Alexandria, Va.
25a. REC'D BY REGISTRAR: DATE MAY 31 1968
25b. REGISTRAR'S SIGNATURE: [illegible] Judge

VR A15 (4) 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

0219 — 25

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, give the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print): First: Jo Anne; Middle: Helen; Last: Farone
2a. DATE OF DEATH: Month May, Day 20, Year 1968
2b. HOUR: 11:50 PM
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: April 17, 1951
6. AGE (In years last birthday): 17 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS.: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): Rhode Island
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: Montgomery Md.
10. CITY OR TOWN OF DEATH: Bethesda
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): The Clinical Center, NIH
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Student
12b. KIND OF BUSINESS OR INDUSTRY: ---
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Rhode Island
13b. COUNTY: --
13c. CITY OR TOWN: Johnston
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 1010 Hartford Avenue
14. FATHER'S NAME First: Mario; Middle: B.; Last: Farone
15. MOTHER'S MAIDEN NAME First: Helen; Middle: ; Last: Zira
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: None
17. INFORMANT: The Medical Records Address: The Clinical Center, Bethesda, Md. 20014

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Laryngeal edema with bilateral pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 hour
DUE TO, OR AS A CONSEQUENCE OF
(b) Intrathalamic hemorrhage — 7 months
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☒ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that ☒ (this hospital) attended the deceased from September 6 1967, to May 20, 1968, that ☒ (we) last saw the deceased alive on May 20 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, ☒ (we) (did) view the body after death.

22b. SIGNATURE: N. E. Grivas M.D. DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒
22c. DATE SIGNED: 21 May 1968
22d. PHYSICIAN'S NAME (Type): Nicholas E. Grivas, M.D.
22e. ADDRESS: The Clinical Center, National Institutes of Health, Bethesda, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 5-25-68
23c. NAME OF CEMETERY OR CREMATORY: —
23d. LOCATION (City or Town) (County) (State): CRANSTON, R.I.
24. FUNERAL DIRECTOR: W.W. Chambers Co. ADDRESS: Wash. D.C. 1400 Chapin St. N.W.
25a. REC'D BY REGISTRAR DATE: MAY 24 1968
25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A15 (4) 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1 DECEASED NAME (Type or print): First Kenneth Middle Jerome Last Feeney

2a DATE OF DEATH: Month 5 Day 24 Year 68

2b HOUR: 10:10 PM

3 SEX: Male

4 RACE: White

5 DATE OF BIRTH: 8-15-1896

6 AGE (In years last birthday): 71 YRS.

IF UNDER 1 YEAR: MONTHS / DAYS

IF UNDER 24 HRS.: HOURS / MIN

7a BIRTHPLACE (State or foreign country): WASH, D.C.

7b CITIZEN OF WHAT COUNTRY?: U.S.A

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9 COUNTY OF DEATH: MonTGomery Md

10 CITY OR TOWN OF DEATH: Kensington

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Kensington Gardens 3000 McComas

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Self employed

12b KIND OF BUSINESS OR INDUSTRY: Transportation

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md

13b. COUNTY: MonT

13c. CITY OR TOWN: Silver Spring

13d. INSIDE CITY LIMITS? YES [X] NO [ ]

13e STREET AND NUMBER: 733 Sligo Ave SS. Md.

14. FATHER'S NAME First James Middle L. Last Feeney

15. MOTHER'S MAIDEN NAME First Virginia Middle Nesbit Last

16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): no (If yes give war or dates of service)

16b. SOCIAL SECURITY NO: 577-05-2962

17. INFORMANT: Mrs. Edna T. Feeney Address: 733 Sligo Avenue Silver Spring, Mdd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Bronchopneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1wk

DUE TO, OR AS A CONSEQUENCE OF

(b) Circulatory Failure — 2wks

DUE TO, OR AS A CONSEQUENCE OF

(c) Arteriosclerotic disease especially severe cerebral 2yrs.

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

UNK

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES [ ] NO [X]

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d INJURY OCCURRED While [ ] at work Not while [ ] at work

21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)

21f LOCATION Street or R.F.D. No. City or Town County State

22a I certify that (I) (this hospital) attended the deceased from Oct., 1967, to May 24, 1968, that (I) (we) last saw the deceased alive on May 24, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b SIGNATURE: Philip H. Varner, M.D. DEGREE — ATTENDING PHYS [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]

22c DATE SIGNED: 5-24-68

22d. PHYSICIAN'S NAME (Type): Philip H. Varner

22e. ADDRESS: 10620 Georgia Ave., Wheaton, Md.

23a BURIAL, CREMATION, REMOVAL (Specify): Burial

23b DATE: 5-28-68

23c. NAME OF CEMETERY OR CREMATORY: Glenwood Cemetery

23d. LOCATION (City or Town) (County) (State): Washington, D. C.

24 FUNERAL DIRECTOR: John W. Leary ADDRESS: 8434 Georgia Avenue Warner E. Pumphrey, Inc. Silver Spring, Md.

25a REC'D BY REGISTRAR DATE: MAY 29 1968

25b REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 30M REV 1/68

M 1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A19 M
30M REV 1-68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

37221 37221

1. DECEASED-NAME (Type or print) First: Harvey Middle: E. Last: Fenstermacher	2a. DATE OF DEATH Month: May Day: 29 Year: 1968	2b. HOUR 8:40 AM	
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: March 15, 1892	6. AGE (In years last birthday): 76 YRS. IF UNDER 1 YEAR: MONTHS / DAYS. IF UNDER 24 HRS: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Penna.	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Montgomery Md.
10. CITY OR TOWN OF DEATH: Silver Spring	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Bethesda S.S. Nursing Home Ret. State Dept	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY: Chief Records Branch
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Montgomery	13c. CITY OR TOWN: Kens. Md.	13d. INSIDE CITY LIMITS? YES ☒ NO ☐ — 13e. STREET AND NUMBER: 3716 Dupont Avenue
14. FATHER'S NAME First: George Middle: Last: Fenstermacher	15. MOTHER'S MAIDEN NAME First: Amelia Middle: Last: Gerber		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)	16b. SOCIAL SECURITY NO: 218-38-9095	17. INFORMANT: Mrs. Malonie Fenstermacher	Address: 3716 Dupont Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CARCINOMA OF THE COLON — 3 years
153.8
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
/

19a. DATE OF OPERATION: 10/67	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: Ca. of Colon	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that (I) (this hospital) attended the deceased from 10/27, 1966, to 5/29, 1968, that (I) (we) last saw the deceased alive on 5/29, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Richard H Pollen	DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: May 29, 1968	
22d. PHYSICIAN'S NAME (Type): Richard Pollen M.D.	22e. ADDRESS: 10,400 Connecticut Avenue Kensington, Md.		
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: June 1, 1968	23c. NAME OF CEMETERY OR CREMATORY: Fort Lincoln	23d. LOCATION (City or Town) (County) (State): Bladensburg P.G. Md.
24. FUNERAL DIRECTOR: J.W. Lee	ADDRESS: Warner E. Humphrey, Inc., 8434 Ga. Ave. S.S. Md.	25a. REC'D BY REGISTRAR DATE: JUN 5 1968	25b. REGISTRAR'S SIGNATURE: Charles Judge

Item#3 Film #G400 5/21/68 ph

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

17222

1. DECEASED-NAME (Type or print): First EULOGIO Eulogio; Middle V.; Last FIGURACION
2a. DATE OF DEATH: May (Month) 10 (Day) 68 (Year)
2b. HOUR: 4:30 P.M.
3. SEX: Male
4. RACE: Malayan
5. DATE OF BIRTH: 4 Mar 1905
6. AGE (In years last birthday): 63 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS: HOURS, MIN
7a. BIRTHPLACE (State or foreign country): Philipine Islands
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Montgomery County, Md
10. CITY OR TOWN OF DEATH: Bethesda
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): U. S. Naval Hospital
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Chief Petty Officer Ret. USN
12b. KIND OF BUSINESS OR INDUSTRY: USN
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: MD
13b. COUNTY: P.G.
13c. CITY OR TOWN: Cheverly
13d. INSIDE CITY LIMITS? YES [ ] NO [ ]
13e. STREET AND NUMBER: 5716 Lockwood Rd.
14. FATHER'S NAME: First Segundo; Middle; Last Figuracion
15. MOTHER'S MAIDEN NAME: First Filomina; Middle; Last Ventura
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes give war or dates of service): 1927-47
16b. SOCIAL SECURITY NO: 577 40 4422
17. INFORMANT: Paul F. Quirante Address: 1703 Lee Rd., S. E., Wash. DC.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1 DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION
DUE TO, OR AS A CONSEQUENCE OF (b)
DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

4101

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [X] NO [ ]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 30 APR, 1968, to 10 MAY, 1968, that (I) (we) last saw the deceased alive on 10 MAY 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: J. E. Zimmerman — DEGREE: ATTENDING PHYS. [ ] MED DIRECTOR [X] STAFF PHYS. [ ]
22c. DATE SIGNED: 11 MAY 1968
22d. PHYSICIAN'S NAME (Type): LT J. E. ZIMMERMAN
22e. ADDRESS: U. S. NAVAL HOSPITAL, BETHESDA, MARYLAND

23a. BURIAL, CREMATION REMOVAL (Specify): BURIAL
23b. DATE: 5/14/68
23c. NAME OF CEMETERY OR CREMATORY: Arlington National
23d. LOCATION (City or Town) (County) (State): Arlington, Va.
24. FUNERAL DIRECTOR: Gasch's Funeral Home, Hyattsville, Maryland — ADDRESS
25a. REC'D BY REGISTRAR DATE: MAY 15 1968
25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1-68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper and pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

57223

2

1 DECEASED-NAME (Type or print): First Edmund Middle Lewis Last Finch

2a. DATE OF DEATH: Month May Day 11 Year 1968

2b HOUR: 10:40 AM

3 SEX: Male

4. RACE: White

5 DATE OF BIRTH: 9-27-80

6 AGE (In years last birthday): 87 YRS.

IF UNDER 1 YEAR: MONTHS DAYS

IF UNDER 24 HRS.: HOURS MIN.

7a BIRTHPLACE (State or foreign country): Washington - DC

7b CITIZEN OF WHAT COUNTRY? USA

8 MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. COUNTY OF DEATH: Montgomery Md.

10 CITY OR TOWN OF DEATH: Bethesda

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Suburban

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Retired

12b. KIND OF BUSINESS OR INDUSTRY: Lawyer

13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: DC

13b COUNTY

13c CITY OR TOWN

13d INSIDE CITY LIMITS? YES ☐ NO ☐

13e STREET AND NUMBER: 1001 502 DC 5130 Connecticut Ave NW Washington

14 FATHER'S NAME First Eugene Middle Christian Last Finch

15 MOTHER'S MAIDEN NAME First Marion Middle Eaton Last Bozell

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes give war or dates of service)

16b SOCIAL SECURITY NO. - -

17 INFORMANT: Mrs. Regina Bartlett Finch Address 5130 Conn. Ave. Washington, D. C.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))

PART 1. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Ventricular Standstill — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: one hour

412.9

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerotic heart disease — yrs +

DUE TO, OR AS A CONSEQUENCE OF (c) Empyema & gangrene gall bladder — 24 hrs

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Cholecystectomy 48 hrs ago

19a DATE OF OPERATION: 5-9-68

19b CONDITION FOR WHICH OPERATION WAS PERFORMED: Empyema & gangrene gall bladder

20a AUTOPSY? YES ☐ NO ☒

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18.)

21d INJURY OCCURRED While at work ☐ Not while at work ☐

21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 1960, 19____, to 5-11-, 1968, that (I) (we) last saw the deceased alive on 5-11- 19 68, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b SIGNATURE: Stewart Clapp M.D. DEGREE ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐

22c DATE SIGNED: 5/11/68

22d. PHYSICIAN'S NAME (Type): Stewart Clapp M.D.

22e ADDRESS: 4742 Chevy Chase Dr Chevy Chase Md.

23a BURIAL, CREMATION, REMOVAL (Specify): Burial

23b DATE: 5/15/68

23c NAME OF CEMETERY OR CREMATORY: Glenwood Cemetery

23d LOCATION (City or Town) (County) (State): Washington, D. C.

24 FUNERAL DIRECTOR: Joseph Gawler's Sons

ADDRESS: 5130 Wisconsin Ave

25a RECD BY REGISTRAR DATE: MAY 22 1968

25b REGISTRAR'S SIGNATURE: Judge

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

57224

1. DECEASED-NAME (Type or print) First: Ruth Middle: Last: Fischer
2a. DATE OF DEATH Month 5 Day 25 Year 68
2b. HOUR 12:15 PM
3. SEX: Female
4. RACE: white
5. DATE OF BIRTH: 5/7/25
6. AGE (In years last birthday): 43 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN
7a. BIRTHPLACE (State or foreign country): New York
7b. CITIZEN OF WHAT COUNTRY? USA
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Montgomery Md
10. CITY OR TOWN OF DEATH: Silver Spring,
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Holy CrossHospital
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md.
13b. COUNTY: Montgomery
13c. CITY OR TOWN: SilverSp.
13d. INSIDE CITY LIMITS? YES [X] NO [ ]
13e. STREET AND NUMBER: 9815 Hedin Dr.S.S.,Md.
14. FATHER'S NAME First: ISAAC Middle: Last: MARKOWITZ
15. MOTHER'S MAIDEN NAME First: TILLIE Middle: Last: KUCHEK.
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.:
17. INFORMANT: Garlick Fun. Home Address: Brooklyn. N.Y.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Central Nervous System Metastases	few wks
DUE TO, OR AS A CONSEQUENCE OF (b)	Adenocarcinoma of Breast	5 yrs.
DUE TO, OR AS A CONSEQUENCE OF (c)		

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES [ ] NO [ ]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) ~~(this hospital)~~ attended the deceased from Mar 26, 1966, to May, 1968, that (I) ~~(we)~~ last saw the deceased alive on 5/ 1968, and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we) (did)~~ (did not) view the body after death.

22b. SIGNATURE: G. Leonard [illegible] DEGREE: ATTENDING PHYS. [X] MED DIRECTOR [ ] STAFF PHYS. [ ]
22c. DATE SIGNED: 5/25/68
22d. PHYSICIAN'S NAME (Type):
22e. ADDRESS:

23a. BURIAL, CREMATION, REMOVAL (Specify):
23b. DATE: May 31, 1968
23c. NAME OF CEMETERY OR CREMATORY: Beth Moses Cem.
23d. LOCATION (City or Town) (County) (State): Farmingdale N.J.

24. FUNERAL DIRECTOR: B Dangovsky & Sons ADDRESS: 3501-14th St. N.W.
25a. REC'D BY REGISTRAR DATE: MAY 28 1968
25b. REGISTRAR'S SIGNATURE: [illegible]

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in (by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers (Pages 1 and 2) and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

57225
Item #6 Film #G400 5/21/68 ph

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

1 DECEASED-NAME (Type or print): First Nannie Middle E. Last Fisher

2a. DATE OF DEATH: Month May Day 14 Year 68

2b. HOUR: 2450 AM

3 SEX: Female

4 RACE: White

5 DATE OF BIRTH: 5/16/87

6 AGE (In years last birthday): 81/80 YRS.

IF UNDER 1 YEAR: MONTHS DAYS

IF UNDER 24 HRS: HOURS MIN

7a BIRTHPLACE (State or foreign country): Maryland

7b CITIZEN OF WHAT COUNTRY?: U.S.A.

8 MARITAL: MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9 COUNTY OF DEATH: Montgomery Md

10 CITY OR TOWN OF DEATH: Randolph Hills

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Home Randolph Hills Nursing

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Buyer - Furs

12b KIND OF BUSINESS OR INDUSTRY: Dept. Store

13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) STATE: Wash., D.C.

13b. COUNTY:

13c. CITY OR TOWN:

13d INSIDE CITY LIMITS? YES ☐ NO ☐

13e. STREET AND NUMBER: 5310 Cathedral Ave. N.W.

14. FATHER'S NAME: First William Middle H. Last Mossburg

15. MOTHER'S MAIDEN NAME: First Alice Middle V. Last Nicholson

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)

16b. SOCIAL SECURITY NO: 578-10-3688

17 INFORMANT: Mrs. Daisy L. Grubb, Sister, 5310 Cathedral Ave., N.W., Wash., D.C.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Vascular accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: minutes

DUE TO, OR AS A CONSEQUENCE OF (b) Cerebral Arteriosclerosis — years

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: 437.9

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Fractured Right Hip, Arteriosclerotic Heart Disease

19a DATE OF OPERATION: 4/18/68

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: Fractured Hip

20a. AUTOPSY? YES ☐ NO ☒

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b TIME OF INJURY: HOUR A.M. 3:25 P.M. Month 4 Day 11 Year 1968

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.): Patient slid to floor with spontaneous fracture of hip

21d. INJURY OCCURRED While at work ☐ Not while at work ☒

21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC): Randolph Hills N.H.

21f. LOCATION Street or R.F.D. No. 4011 Randolph Rd. City or Town Wheaton County Montgomery State Md

22a. I **certify** that (I) (this hospital) attended the deceased from 12/31, 1967 to 5/14, 1968, that (I) (we) last saw the deceased alive on 5/13 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b SIGNATURE: R T Benack MD DEGREE — ATTENDING PHYS. ☒ MED DIRECTOR ☐ STAFF PHYS ☐

22c. DATE SIGNED: 5/14/68

22d. PHYSICIAN'S NAME (Type): R.T. Benack MD

22e ADDRESS: 4115 Colie Drive, Wheaton Md

23a BURIAL, CREMATION, REMOVAL (Specify): Burial

23b DATE: 5-16-1968

23c NAME OF CEMETERY OR CREMATORY: Fort Lincoln

23d LOCATION (City or Town) Bladensburg, Prince Georges (County) Maryland (State)

24. FUNERAL DIRECTOR: Joseph Gawler's Sons, Inc.

ADDRESS: 5130 Wisc. Ave. N.W., Wash., D.C., 20016

25a. REC'D BY REGISTRAR DATE MAY 17 1968

25b REGISTRAR'S SIGNATURE: [illegible] Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

Cleared with Medical Examiner - DR. Beap

VR A15 (1)
30M REV 1-68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

0722b

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 4 days after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) ~~First~~ Last ~~Middle~~ First ~~Last~~ middle: Fiske, Marion Blanche

2a. DATE OF DEATH: Month May, Day 24, Year 1968

2b. HOUR: 6:20 a.m.

3. SEX: Female

4. RACE: White

5. DATE OF BIRTH: 2-27-88

6. AGE (In years last birthday): 80 YRS

If under 1 year: Months / Days

If under 24 hrs: Hours / Min

7a. BIRTHPLACE (State or foreign country): Va.

7b. CITIZEN OF WHAT COUNTRY?: U.S.A.

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

9. COUNTY OF DEATH: Montgomery Co. Md

10. CITY OR TOWN OF DEATH: Takoma Park

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Wash. San. & Hosp.

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Registered Nurse

12b. KIND OF BUSINESS OR INDUSTRY:

13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: Maryland

13b. COUNTY: Montgomery ~~Tennessee~~

13c. CITY OR TOWN: Takoma Pk.

13d INSIDE CITY LIMITS? YES ☑ NO ☐

13e STREET AND NUMBER: 6905 Prince Geo. Ave.

14. FATHER'S NAME First: Nathaniel M. ~~Samuel~~ Middle: Gordon Last:

15. MOTHER'S MAIDEN NAME First: Marion Middle: Latrycee Last:

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16b. (If yes give war or dates of service): –

16b. SOCIAL SECURITY NO: 579-03-3165

17. INFORMANT: Son-Carl Fiske Address: Same as pt.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Diabetic arteriosclerotic Gangrene — APPROX. INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF (b) Congestive Heart failure

DUE TO, OR AS A CONSEQUENCE OF (c) Status post op Amputation

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — 1504

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION: 3/22/68

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: Arteriosclerotic Gangrene

20a. AUTOPSY? YES ☑ NO ☐

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While ☐ at work Not while ☐ at work

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)

21f. LOCATION Street or R.F.D. No City or Town County State

22a. **I certify** that (I) (this hospital) attended the deceased from 3-15, 1968, to 5-24, 1968, that (I) (we) last saw the deceased alive on 5-15 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Richard B. Brandt, DEGREE ATTENDING PHYS ☑ MED DIRECTOR ☐ STAFF PHYS ☐

22c. DATE SIGNED: 5-24-68

22d. PHYSICIAN'S NAME (Type)

22e. ADDRESS

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5/27/68

23c. NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem.

23d. LOCATION (City or Town) (County) (State): Suitland, Md.

24. FUNERAL DIRECTOR: Malley's Funeral Home Inc. ADDRESS: Mt. Rainier Maryland

25a. REC'D BY REGISTRAR DATE: MAY 29 1968

25b. REGISTRAR'S SIGNATURE: Hilarly Judge

VR A15 (4) 30M REV 1/68

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

57227 — 57233

1 DECEASED-NAME (Type or print): First: Marie; Middle: C.; Last: Fitzgerald

2a. DATE OF DEATH: Month: May; Day: 25; Year: 1968

2b. HOUR: 5:5 M

3 SEX: Female

4. RACE: Caucasian

5. DATE OF BIRTH: 9/23/87

6. AGE (In years last birthday): 70 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS.: HOURS, MIN

7a BIRTHPLACE (State or foreign country): West Virginia

7b CITIZEN OF WHAT COUNTRY?: U.S.

8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. COUNTY OF DEATH: Montgomery Md

10. CITY OR TOWN OF DEATH: Bethesda

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Nursing Home Bethesda Silver Spring

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife

12b KIND OF BUSINESS OR INDUSTRY: At Home

13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland

13b COUNTY: Montgomery

13c. CITY OR TOWN: Kensington

13d INSIDE CITY LIMITS? YES ☒ NO ☐

13e STREET AND NUMBER: 4401 Westbrook Ave

14 FATHER'S NAME: First: Augustus; Middle: ; Last: Hepe

15 MOTHER'S MAIDEN NAME: First: - Unknown; Middle: ; Last: ;

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)

16b SOCIAL SECURITY NO.: unknown

17. INFORMANT: Mrs. Marcella O'Day (daughter) Address: Same

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Occlusion — 10 mins

DUE TO, OR AS A CONSEQUENCE OF

(b) Arteriosclerotic Heart Disease — 2 years

DUE TO, OR AS A CONSEQUENCE OF

(c) Generalized Arteriosclerosis

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

420.

19a DATE OF OPERATION

19b CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? YES ☐ NO ☒

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d INJURY OCCURRED While at work ☐ Not while at work ☐

21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f LOCATION Street or R.F.D. No. City or Town County State

22a I certify that (I) (~~this hospital~~) attended the deceased from June, 19 68, to May, 19 68, that (I) (~~we~~) last saw the deceased alive on May 20 19 68, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (aid) (~~did not~~) view the body after death.

22b SIGNATURE: Jno D. Herman, M.D., DEGREE — ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐

22c DATE SIGNED: 5/25/68

22d PHYSICIAN'S NAME (Type): John D. Herman, M. D.

22e. ADDRESS: 4801 Montgomery Ave., Bethesda, Md.

23a BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5/29/68

23c. NAME OF CEMETERY OR CREMATORY: Mount Calvary Cemetery

23d LOCATION (City or Town) (County) (State): Wheeling, West Virginia

24 FUNERAL DIRECTOR: Joseph Gawler's Sons, Inc., Washington, D. C. ADDRESS

25a REC'D BY REGISTRAR DATE: MAY 29 1968

25b REGISTRAR'S SIGNATURE: Charles Judge

1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

7223

1 DECEASED NAME (Type or print): First EDNA Middle MAY Last FLETCHER

2a. DATE OF DEATH: Month 5 Day 4 Year 1968

2b HOUR: M

3 SEX: FEMALE

4 RACE: White

5. DATE OF BIRTH: 5/24/90

6. AGE (In years last birthday): 77 YRS

IF UNDER 1 YEAR: MONTHS DAYS

IF UNDER 24 HRS: HOURS MIN

7a BIRTHPLACE (State or foreign country): VIRGINIA

7b CITIZEN OF WHAT COUNTRY? U.S.A.

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. COUNTY OF DEATH: Montgomery Md.

10 CITY OR TOWN OF DEATH: SILVER SPRING

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): HOLY CROSS HOSPITAL

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired):

12b KIND OF BUSINESS OR INDUSTRY:

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: M.D.

13b. COUNTY: Montgomery

13c CITY OR TOWN: SILVER SPRING

13d. INSIDE CITY LIMITS? YES ☒ NO ☐

13e STREET AND NUMBER: 8202 New Hampshire Ave

14. FATHER'S NAME: First JOHN Middle Last LOVELESS

15 MOTHER'S MAIDEN NAME: First SENIE Middle Last GOODRICH

16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No

(If yes give war or dates of service)

16b SOCIAL SECURITY NO.: Yes

17 INFORMANT: Address

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) CHRONIC CONGESTIVE HEART FAILURE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 30 DAYS

DUE TO, OR AS A CONSEQUENCE OF (b) ARTERIOSCLEROSIS & HYPERTENSION 8 YRS.

DUE TO, OR AS A CONSEQUENCE OF (c) LYMPHOPROTEINEMIA - CA. OF COLON — 33 DAYS

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: 4129

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): OLD MYOCARDIAL INFARCT RECTAL-VAGINAL FISTULA

19a DATE OF OPERATION: 4-3-68

19b CONDITION FOR WHICH OPERATION WAS PERFORMED: CA COLON & PERFORATION

20a. AUTOPSY? YES ☒ NO ☐

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d INJURY OCCURRED While at work ☐ Not while at work ☐

21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from JAN, 1958, to 5-4, 1968, that (I) (we) last saw the deceased alive on 5-3 19 68 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b SIGNATURE: [signature] DEGREE: ATTENDING PHYS ☒ MED. DIRECTOR ☐ STAFF PHYS ☐

22c DATE SIGNED: 5/4/68

22d PHYSICIAN'S NAME (Type): HAROLD SIEGELMAN

22e ADDRESS: 352 Univ. Blvd. Silver Spring Md.

23a BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: May 7, 1968

23c NAME OF CEMETERY OR ~~CREMATORY~~: Fort Lincoln

23d LOCATION (City or Town) (County) (State): Colmar Manor Md.

24. FUNERAL DIRECTOR: W.W. Gallagher

ADDRESS: 3603 14th St. N.W. Wash. D.C.

25a REC'D BY REGISTRAR DATE: MAY 7 1968

25b REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1 DECEASED-NAME (Type or print) First: JOSEPHINE Middle: Last: FORESTA

2a. DATE OF DEATH Month Day Year: 5 - 7 - 1968

2b HOUR: 4:30 P.M.

3 SEX: FEMALE

4 RACE: White

5 DATE OF BIRTH: 9/4/1883

6 AGE (In years last birthday): 84 YRS.

IF UNDER 1 YEAR: MONTHS DAYS

IF UNDER 24 HRS.: HOURS MIN

7a BIRTHPLACE (State or foreign country): ITALY

7b CITIZEN OF WHAT COUNTRY? U.S.A.

8 MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9 COUNTY OF DEATH: MONTGOMERY Md.

10 CITY OR TOWN OF DEATH: SILVERSPRING.

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): FAIRLAND N.H.

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)

12b KIND OF BUSINESS OR INDUSTRY

13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md.

13b COUNTY: P.G.

13c CITY OR TOWN: COLLEGE PARK

13d INSIDE CITY LIMITS? YES ☑ NO ☐

13e STREET AND NUMBER: 6907 Rhode ISLAND AVE

14 FATHER'S NAME First: FRANK Middle: MICELI

15 MOTHER'S MAIDEN NAME First: GRACE Middle: D'ANGELO Last:

16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: NO (If yes give war or dates of service)

16b SOCIAL SECURITY NO: 217-32-1611

17 INFORMANT: Vincent Foresta Address: Same as #13

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a): Cerebrovascular Disease

DUE TO, OR AS A CONSEQUENCE OF (b):

DUE TO, OR AS A CONSEQUENCE OF (c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

4127

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

4d

19a DATE OF OPERATION

19b CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? YES ☐ NO ☑

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18)

21d INJURY OCCURRED While at work ☐ Not while at work ☐

21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)

21f LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that ( ) (this hospital) attended the deceased from 5/17, 1967, to 5-7, 1968, that (I) (we) last saw the deceased alive on 5-7 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: Boris Rabkin M.D. DEGREE ATTENDING PHYS ☑ MED. DIRECTOR ☐ STAFF PHYS ☐

22c. DATE SIGNED: 5-7-68

22d. PHYSICIAN'S NAME (Type): BORIS RABKIN

22e. ADDRESS: 1019 Univ Blvd

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b DATE: 5/10/68

23c NAME OF CEMETERY OR CREMATORY: Mt. Olivet

23d LOCATION (City or Town) (County) (State): Washington D.C.

24 FUNERAL DIRECTOR: Francis Gasch's Sons ADDRESS: Hyattsville, Md.

25a REC'D BY REGISTRAR DATE: MAY 15 1968

25b REGISTRAR'S SIGNATURE: [illegible] Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 30M REV 1/68

Items 18-22a File 4
2-17-68 am

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

236

1 DECEASED NAME (Type or Print): First JUDITH Middle W Last FOX

2a DATE KNOWN OF DEATH ESTIMATED ☒: Month 5 Day 3 Year 1968 — 2b HOUR 2:05 AM

3 SEX: FEMALE — 4 RACE: CAUC — 5 DATE OF BIRTH: FEB. 21, 1937 — 6 AGE (in years at last birthday): 31 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS: HOURS, MIN.

2c DATE PRONOUNCED DEAD: Month 5 Day 3 Year 1968 — 2d HOUR 2:05 AM

7a BIRTHPLACE (State or foreign country): Baltimore, MD. — 7b CITIZEN OF WHAT COUNTRY? U.S.A.

8 MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9 COUNTY OF DEATH: MONTGOMERY Md

10 CITY OR TOWN OF DEATH: Silver Spring — 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 2409 North Gate Terrace — 12a USUAL OCCUPATION (Kind of work done during most of working life even if retired): HOUSEWIFE — 12b KIND OF BUSINESS OR INDUSTRY: AT HOME

13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: MARYLAND — 13b COUNTY: Montgomery — 13c CITY OR TOWN: Silver Spring — 13d INSIDE CITY LIMITS? YES ☐ NO ☐ — 13e. STREET AND NUMBER: 2409 N. GATE TERR.

14 FATHER'S NAME First: Theodore Middle: WEITZMAN Last: — 15 MOTHER'S MAIDEN NAME First: IDA Middle: Last: SHAPIRO

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes give war or dates of service) — 16b SOCIAL SECURITY NO. — 17. INFORMANT: DR. IRWOOD FOX, ADDRESS: 2409 NORTH GATE DR., SILVER SPRING

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1 DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Asphyxiation due to smoke inhalation

890X

DUE TO, OR AS A CONSEQUENCE OF

(b) during house fire

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

N/A

19a DATE OF OPERATION — 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? — 20 AUTOPSY? YES ☒ NO ☐

20 a EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH — 21b TIME OF INJURY Month Day, Year HOUR A.M. 1:30 PM 5-3-68 — 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.): Deceased burned in house fire

21d INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ — 21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Home — 21f LOCATION Street or R.F.D. No.: 2409 N. Gate Terr., City or Town: S.S. County: Montgomery State: Md.

22a. I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and in my opinion death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Belden R. Reap M.D.

EXAMINER'S NAME (Type): BELDEN R. REAP

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Include city, town or county): Wheaton

22b DATE SIGNED: 5/3/1968

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — 23b DATE: 5-6-68 — 23c NAME OF CEMETERY OR CREMATORY: BETH JACOB — 23d LOCATION (City or Town) (County) (State): FINKSBURG, MARYLAND

24. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD — 25a RECD BY REGISTRAR DATE: MAY 7 1968 — 25b REGISTRAR'S SIGNATURE: J. Charles Judge

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1 FOR STATE HEALTH DEPT.

VR ATSME (5)
10M REV 1-68

57231

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Item#17, Film#G40 5/31/68km

CERTIFICATE OF DEATH

1 DECEASED-NAME (Type or print): First Werner; Middle NMI; Last Frank

2a DATE OF DEATH: Month 5; Day 20; Year 68

2b. HOUR: 7:35 AM

3. SEX: male

4. RACE: caucasian

5. DATE OF BIRTH: 7/16/19

6. AGE (In years last birthday): 48 YRS.; IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS.: HOURS, MIN

7a. BIRTHPLACE (State or foreign country): Herne, Germany

7b. CITIZEN OF WHAT COUNTRY?: USA

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. COUNTY OF DEATH: Montgomery County Md.

10. CITY OR TOWN OF DEATH: Silver Spring,

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Holy Cross Hospital

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Mathematician

12b. KIND OF BUSINESS OR INDUSTRY: Government

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland

13b. COUNTY: Prince Geo. ✓

13c. CITY OR TOWN: Hyattsville

13d. INSIDE CITY LIMITS? YES [X] NO [ ]

13e. STREET AND NUMBER: 7010 18th Avenue

14. FATHER'S NAME: First Louis; Middle -; Last Frank

15. MOTHER'S MAIDEN NAME: First Julie; Middle -; Last Cohen

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes give war or dates of service): WWII

16b. SOCIAL SECURITY NO.: 090-09-3368

17. INFORMANT: Ursel ~~Ethel~~ Frank Address: 7010 18th Ave. Hyattsville, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma of lung.

DUE TO, OR AS A CONSEQUENCE OF

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 7 mo.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

/

19a. DATE OF OPERATION: Dec 12, 1967

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: Carcinoma of lung.

20a. AUTOPSY? YES [ ] NO [X]

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (~~this hospital~~) attended the deceased from Nov., 1967, to Apr., 1968, that (I) (~~we~~) last saw the deceased alive on Apr. 13, 1968, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (~~saw~~) (did not) view the body after death

22b. SIGNATURE: Jos. Berkenbilt MD DEGREE

ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]

22c. DATE SIGNED: May 20, 1968

22d. PHYSICIAN'S NAME (Type): Jos. Berkenbelt

22e. ADDRESS: 6854 New Hampshire Ave. Takoma Park, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: May 22, 1968

23c. NAME OF CEMETERY OR CREMATORY: Adas Israel

23d. LOCATION (City or Town) (County) (State): Washington, D. C.

24. FUNERAL DIRECTOR: Donald M. Stein, Hebrew Memorial Funeral Home

ADDRESS: 232 Carroll St., n.w. Wash., D.C.

25a. REC'D BY REGISTRAR DATE: MAY 23 1968

25b. REGISTRAR'S SIGNATURE: Charles Judge

Cleared with Medical Examiner

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper and pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 30M REV. 1/68

Items 1 & 22a Film 404
P-5-68 ams
57232

1

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

57238

1 DECEASED NAME (Type or Print): First Bruce; Middle O; Last GANGLOFF

2a DATE OF DEATH KNOWN ☐ ESTIMATED ☐: Month 5 Day 14 Year 1968

2b HOUR: M

3 SEX: MALE

4 RACE: WHITE

5 DATE OF BIRTH: 12/4/44

6 AGE (In years last birthday): 23 YRS; IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS: HOURS, MIN

2c DATE PRONOUNCED DEAD: Month 5 Day 14 Year 19 68

2d HOUR: 12:20 AM

7a BIRTHPLACE (State or foreign country): Takoma Park Maryland

7b CITIZEN OF WHAT COUNTRY? USA

8 MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

9. COUNTY OF DEATH: MONTGOMERY Md

10 CITY OR TOWN OF DEATH: SILVER SPRING

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): HOLY CROSS

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if ret red): HOUSE PAINTER

12b KIND OF BUSINESS OR INDUSTRY:

13a USUAL RES DENCE (Where deceased lived, if institution: Residence before admiss on) STATE: MD.

13b COUNTY: MONTGOMERY

13c CITY OR TOWN: SILVER SPRING

3d INS DE CITY LIMITS? YES ☐ NO ☐

13e STREET AND NUMBER: 2101 LONDEN LANE

14 FATHER'S NAME: First HAROLD; Middle; Last GANGLOFF

15 MOTHER'S MAIDEN NAME: First CATHERINE; Middle VIRGINIA; Last HAISLIP

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes give war or dates of service): 7/67

16b SOCIAL SECURITY NO:

17 INFORMANT: GEORGE WENDLANDT ADDRESS:

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Acute cardiorespiratory failure, etiology unknown

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION

19b CONDITION FOR WHICH OPERATION WAS PERFORMED?

20 AUTOPSY? YES ☒ NO ☐

21 a EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.)

21f LOCATION Street or R.F.D. No. City or Town County State

22a I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and in my opinion death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☒

ACTUAL SIGNATURE: Belden R. Reep M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

22b DATE SIGNED: MAY 14, 1968

EXAMINER'S NAME (Type): BELDEN R. REEP, M.D.

ADDRESS (Street, city, town, or county): Gaithersburg

23a BURIAL, CREMATION, REMOVAL (Specify): Burial

23b DATE: May 17-1968

23c NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery

23d LOCATION (City or Town): Washington (County): (State): D.C.

24 FUNERAL DIRECTOR: Arthur Walters ADDRESS: 2514 Carroll St. N.E.

25a RECD BY REGISTRAR DATE: MAY 17 1968

25b REGISTRAR'S SIGNATURE: [illegible]

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3 Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5)
10M REV 1 68

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death unless any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2 and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PM3 Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17833

1 DECEASED NAME (Type or Print): First BONNIE Middle K. Last GERDES

2a DATE KNOWN OF DEATH ESTIMATED ☒: Month 5 Day 4 Year 1968 — 2b HOUR 4:00 PM

3 SEX: F — 4 RACE: Cauc — 5. DATE OF BIRTH: 12-31-1947 — 6 AGE (in years last birthday): 20 YRS — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN

2c. DATE PRONOUNCED DEAD: Month 5 Day 4 Year 1968 — 2d HOUR 4:00 PM

7a BIRTHPLACE (State or foreign country): Md. — 7b CITIZEN OF WHAT COUNTRY? U.S.A. — 8 MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ — 9 COUNTY OF DEATH: MONTGOMERY Md

10. CITY OR TOWN OF DEATH: SILVER SPRING — 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 2328 Glenmont Circle — 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): SECY - HWFE — 12b KIND OF BUSINESS OR INDUSTRY

13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: Md. — 13b COUNTY: Montgom — 13c CITY OR TOWN: Silver Spring — 13d. INSIDE CITY LIMITS? YES ☒ NO ☐ — 13e STREET AND NUMBER: 2328 Glenmont Circle

14 FATHER'S NAME First JAMES Middle BURNETT Last — 15 MOTHER'S MAIDEN NAME First KAY Middle Last FRANKLIN

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes give war or dates of service) — 16b SOCIAL SECURITY NO. — 17 INFORMANT: WOLFGANG H. GERDES - HUSBAND — ADDRESS (SAME)

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Asphyxiation due to

DUE TO, OR AS A CONSEQUENCE OF

(b) hanging, self-inflicted

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — 153X

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Depression

19a DATE OF OPERATION — 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? — 20 AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH — 21b TIME OF INJURY Month, Day, Year HOUR A.M. 2:00 P.M. 5-4 1968 — 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) Deceased hanged self with electric sweeper cord

21d INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ — 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) Home — 21f LOCATION Street or R.F.D. No. 2328 Glenmont Circle — City or Town S.S. — County Montgom — State Md.

22a. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and in my opinion death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Belden R. Reap M.D.

EXAMINER'S NAME (Type): BELDEN R. REAP M.D.

CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒

ADDRESS (Street, City, Town or County) Silver Spring

22b. DATE SIGNED: MAY 4, 1968

23a BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: 5/7/68 — 23c NAME OF CEMETERY OR CREMATORY: Gate of Heaven — 23d. LOCATION (City or Town) (County) (State): Silver Spring, Md.

24. FUNERAL DIRECTOR: Tyson Wheeler Funeral Home — ADDRESS: 1331 Rock Pike Rockville, Maryland

25a REC'D BY REGISTRAR DATE MAY 7 1968 — 25b. REGISTRAR'S SIGNATURE: J. Charles Judge

VR A15ME (5) 10M REV 1/68

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician or completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

57234

1 DECEASED NAME (Type or print) First: Mary; Middle: Elizabeth; Last: Getz	2a DATE OF DEATH Month: May; Day: 31; Year: 1968	2b HOUR: 5:15 PM	
3 SEX: Female	4. RACE: White	5 DATE OF BIRTH: April 12, 1915	6 AGE (In years last birthday): 53 YRS. IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS: HOURS, MIN.
7a BIRTHPLACE (State or foreign country): Virginia	7b CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9 COUNTY OF DEATH: Montgomery Md
10 CITY OR TOWN OF DEATH: Bethesda	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): The Clinical Center, NIH	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife	12b KIND OF BUSINESS OR INDUSTRY: --
13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Virginia	13b. COUNTY: Fairfax ✓	13c. CITY OR TOWN: Springfield	13d INSIDE CITY LIMITS? YES [X] NO [ ] 13e STREET AND NUMBER: 9105 Old Keene Mill Road
14 FATHER'S NAME First: Isaac; Middle: H.; Last: Turner	15 MOTHER'S MAIDEN NAME First: Elma; Middle: ; Last: Ruffner		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 225-14-1476	17 INFORMANT: The Medical Records Address: The Clinical Center, Bethesda, Maryland	

MEDICAL CERTIFICATION

18 **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial failure	6 hours
DUE TO, OR AS A CONSEQUENCE OF (b)	Aortic stenosis & regurgitation	15 years
DUE TO, OR AS A CONSEQUENCE OF (c)	Rheumatic valvular heart disease	20 years

2750

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Severe anoxic brain damage

19a. DATE OF OPERATION: 1962	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: Mitral Stenosis	20a. AUTOPSY? YES [X] NO [ ]	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes
21a ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a **I certify** that (I) (this hospital) attended the deceased from May 27, 1968, to May 31, 1968, that (I) (we) last saw the deceased alive on May 31, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b SIGNATURE: Eric H. Johnson DEGREE: ATTENDING PHYS [ ] MED DIRECTOR [ ] STAFF PHYS [X]		22c DATE SIGNED: 1 June 1968
22d PHYSICIAN'S NAME (Type): Eric H. Johnson, M.D.	22e ADDRESS: The Clinical Center, National Institutes of Health, Bethesda, Md.	

23a BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: June 3, '68	23c NAME OF CEMETERY OR CREMATORY: Beahm's Chapel	23d. LOCATION (City or Town): Luray	(County): Page (State): Va.
24. FUNERAL DIRECTOR: B.W. Campbell	ADDRESS: Luray, Va. 22835	25a. REC'D BY REGISTRAR DATE: JUN 5 1968	25b. REGISTRAR'S SIGNATURE: Charles Judge	

1

Item#8 Film#G400 5/21/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH
a. COUNTY: MONTGOMERY — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): BETHESDA
c. LENGTH OF STAY IN 1b:
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: 9513 - SINGLETON DR.

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
a. STATE: MARYLAND
b. COUNTY: MONTGOMERY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): BETHESDA
d. STREET ADDRESS: 9513 - SINGLETON DR.
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First GIBBONS JOHN Middle J. Last GIBBONS
4. DATE OF DEATH: Month MAY Day 14 Year 1968
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 1883 SEPT. 18
9. AGE (In years last birthday): 84 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): IRELAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: PATRICK GIBBONS
14. MOTHER'S MAIDEN NAME: CATHERINE ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 579-40-6090
17. INFORMANT: FRANCIS GIBBONS — ID Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a): LOBAR PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 3 DAYS

DUE TO

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

(b) VIRAL RESPIRATORY INFECTION — 10 DAYS

DUE TO

(c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): GENERALIZED ARTERIOSCLEROSIS

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19
20d. INJURY OCCURRED While at work ☐ Not while at work ☐
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) (County) (State)

21. I certify that I attended the deceased from MAY 3, 1968, to MAY 14, 1968, that I last saw the deceased alive on MAY 13, 1968, and that death accurred at 2 A. M. from the causes and on the date stated above.

ACTUAL SIGNATURE: Joseph D. Connor, M.D. — ADDRESS (Street, city or town, state): 9420 OLD GEORGETOWN RD. — DATE SIGNED:

PHYSICIAN'S NAME (Type): JOSEPH D. CONNOR M.D. — BETHESDA, MD. 20014

22a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
22b. DATE THEREOF: 5/16/68
22c. NAME OF CEMETERY OR CREMATORY: MT. OLIVET CEM.
22d. LOCATION (City, town, or county) (State): WASH. D.C.

23. FUNERAL DIRECTOR'S SIGNATURE: HANLON FUNERAL HOME - WASH D.C. ADDRESS:
24a. REC'D BY REGISTRAR DATE: MAY 17 1968
24b. REGISTRAR'S SIGNATURE: Thomas Jorge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out, the funeral director, page 3 should be attached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1544
30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

23b

1. DECEASED-NAME (Type or print) First: LORENA	Middle: V.	Last: GISSEL	2a DATE OF DEATH Month: MAY Day: 15 Year: 1968
2b. HOUR: 8:25 A.M.	3. SEX: FEMALE	4 RACE: WHITE	5. DATE OF BIRTH: SEPT. 16, 1886
6. AGE (In years lost birthday): 81 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN	
7a BIRTHPLACE (State or foreign country): MARYLAND	7b CITIZEN OF WHAT COUNTRY?: USA	8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9 COUNTY OF DEATH: MONTGOMERY Md
10 CITY OR TOWN OF DEATH: BETHESDA	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): SUBURBAN HOSPITAL	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): HOUSEWIFE	12b KIND OF BUSINESS OR INDUSTRY: ---
13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND	13b COUNTY: MONTGOMERY	13c. CITY OR TOWN: BETHESDA	13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e STREET AND NUMBER: 9310 Cedar Lane			
14. FATHER'S NAME First: JOSEPH MARKS	Middle	Last	15. MOTHER'S MAIDEN NAME First: - -
Middle	Last		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO	(If yes give war or dates of service)	16b SOCIAL SECURITY NO: 579-03-5263A	17 INFORMANT: MR. FRED GISSEL, SAME AS # 13e
Address			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) [illegible] — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 days
DUE TO, OR AS A CONSEQUENCE OF
(b) [illegible]
DUE TO, OR AS A CONSEQUENCE OF
(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? YES ☐ NO ☐	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No / City or Town / County / State	

22a. **I certify** that (I) (this hospital) attended the deceased from 1963, 19____, to 13 May, 19[illegible], that (I) (we) last saw the deceased alive on 13 May 19[illegible]; and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b SIGNATURE [illegible] DEGREE ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐ — 22c. DATE SIGNED: 16 May 68

22d. PHYSICIAN'S NAME (Type): [illegible] J. [illegible] — 22e ADDRESS: 9077 [illegible]

23a BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b DATE: 5/18/68	23c NAME OF CEMETERY OR CREMATORY: PARKLAWN CEMETERY	23d LOCATION (City or Town) (County) (State): ROCKVILLE, MARYLAND
24. FUNERAL DIRECTOR: Joseph Gawler's	ADDRESS: 5130 WISC. AVE., N.W., WASHINGTON, D. C.	25a REC'D BY REGISTRAR DATE: MAY 17 1968	25b. REGISTRAR'S SIGNATURE: Charles Judge

Items 1f, 2a film 4 X

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 DECEASED NAME (Type or Print): First ROMA; Middle ~~FRANCES~~ B.; Last GRAFF

2a DATE OF DEATH KNOWN [X] ESTIMATED [ ]: Month 5 Day 3 Year 1968 — 2b HOUR 2:40P

3 SEX: FEMALE — 4 RACE: WHITE — 5 DATE OF BIRTH: 7-14-04 — 6. AGE (In years last birthday): 63 YRS — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS: HOURS, MIN.

2c DATE PRONOUNCED DEAD: Month 5 Day 3 Year 68 — 2d HOUR 2:40P

7a BIRTHPLACE (State or foreign country): PENN. — 7b CITIZEN OF WHAT COUNTRY? U.S.A. — 8 MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ] — 9 COUNTY OF DEATH: MONTGOMERY Md.

10 CITY OR TOWN OF DEATH: OLNEY — 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): MONTGOMERY GENERAL — 12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife ~~Operator~~ — 12b KIND OF BUSINESS OR INDUSTRY: Own Home ~~XXXXXXXXXX~~

13a USUAL RESIDENCE (Where deceased lived if institution Residence before admission) STATE: MARYLAND — 13b COUNTY: MONTGOMERY — 13c. CITY OR TOWN: SILVER SP. — 13d. INSIDE CITY LIMITS? YES [X] NO [ ] — 13e STREET AND NUMBER: 711 MCNEIL LANE

14 FATHER'S NAME: First Willis ~~XXXXXXX~~; Middle Grant; Last BENNER — 15 MOTHER'S MAIDEN NAME: First EMMA; Middle Louise; Last SEIGER

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes give war or dates of service) — 16b SOCIAL SECURITY NO 577-24-0689 — 17 INFORMANT: Leonard Benner ~~XXXXXXXXXXXXXXXX~~ — ADDRESS: 10015 Dallas Ave. Silver Spring, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) — APPROXIMATE INTERVAL BETWEEN ONSset AND DEATH

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Exsanguination shock secondary to

DUE TO, OR AS A CONSEQUENCE OF

(b) Retroperitoneal tumor liposarcoma associated with

DUE TO, OR AS A CONSEQUENCE OF

(c) renal surgery

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION — 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? — 20 AUTOPSY? YES [X] NO [ ]

21a EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH — 21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19 — 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] — 21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.) — 21f LOCATION Street or R.F.D. No — City or Town — County — State

22a. I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [X], Inquiry [X], and in my opinion death resulted from: Natural causes [X], Accident [ ], Suicide [ ], Homicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE: Belden R. Reap M.D.

EXAMINER'S NAME (Type): BELDEN R. REAP, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
DEPUTY MEDICAL EXAMINER [X]
ADDRESS (Street, city, town or county) Rockville

22b DATE SIGNED: MAY 3, 1968

23a BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b DATE: May 10, 1968 — 23c NAME OF CEMETERY OR CREMATORY: Colesville Cemetery — 23d LOCATION (City or Town) (County) (State): Colesville, Maryland

24 FUNERAL DIRECTOR: C. Glen Carter — ADDRESS: 8434 Georgia Ave. Silver Spring, Md. — Warner E. Pumphrey, Inc.

25a. RECD BY REGISTRAR DATE MAY 10 1968 — 25b. REGISTRAR'S SIGNATURE: J. Charles Judge

VR A15ME 15, 10M REV. 1/68

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper and Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

Cleared with medical examiner, Beldon Reap, M.D.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

.7723S

1 DECEASED-NAME (Type or print): First Robert; Middle Roscoe; Last Graves

2a. DATE OF DEATH: Month May; Day 18; Year 1968

2b. HOUR: 8:30 AM

3 SEX: Male

4. RACE: White

5 DATE OF BIRTH: 1 March 1915

6 AGE (In years last birthday): 88 53 YRS. IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS: HOURS, MIN.

7a. BIRTHPLACE (State or foreign country): Indiana

7b CITIZEN OF WHAT COUNTRY? U.S.A.

8 MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9 COUNTY OF DEATH: Montgomery Md.

10 CITY OR TOWN OF DEATH: Silver Spring,

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 208 E. Hamilton Avenue

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Repairman

12b KIND OF BUSINESS OR INDUSTRY: C.&P. Tel. Co.

13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: Maryland

13b COUNTY: Montgomery

13c CITY OR TOWN: Silver Spr.

13d INSIDE CITY LIMITS? YES [X] NO [ ]

13e STREET AND NUMBER: 208 East Hamilton Avenue

14 FATHER'S NAME First: Melvin; Middle; Last: Graves

15 MOTHER'S MAIDEN NAME First: Roxie; Middle; Last: Rafferty

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: no (If yes give war or dates of service): - - -

16b SOCIAL SECURITY NO.: yes

17 INFORMANT: Mrs. Anne Barnhart Graves Address: 208 E. Hamilton Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute myocardial infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 min.

DUE TO, OR AS A CONSEQUENCE OF

(b) Coronary arteriosclerosis — 2 years

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? YES [ ] NO [X]

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)

21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d INJURY OCCURRED While [ ] at work Not while [ ] at work

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from Feb 5, 1968, to May 18, 1968, that (I) (we) last saw the deceased alive on April 26 19 68, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b SIGNATURE: James R Coleman M.D. DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]

22c. DATE SIGNED: May 18, 1968

22d PHYSICIAN'S NAME (Type): James R. Coleman M.D.

22e. ADDRESS: 9241 Columbia Blvd. Silver Spring, Md.

23a BURIAL, CREMATION, REMOVAL (Specify): Burial

23b DATE: 21 May 1968

23c NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery

23d LOCATION (City or Town) (County) (State): Suitland Prince Geo. Md.

24 FUNERAL DIRECTOR: C. Glen Carter ADDRESS: C. Glen Carter Warner E. Pumphrey Inc. 8434 Georgia Ave. S.S.

25a REC'D BY REGISTRAR DATE: MAY 24 1968

25b REGISTRAR'S SIGNATURE: J. Charles Judge

VR A15(2) 30M REV

37239

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

1 DECEASED NAME (Type or print): First: Elsie; Middle: C.; Last: Gulli

2a DATE OF DEATH: Month: May; Day: 29; Year: 1968

2b HOUR: 4:15 A.M.

3. SEX: Female

4. RACE: Caucasian

5. DATE OF BIRTH: 4/18/94

6 AGE (In years last birthday): 74 YRS.; IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN.

7a BIRTHPLACE (State or foreign country): District of Col.

7b. CITIZEN OF WHAT COUNTRY?: U.S.

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

9. COUNTY OF DEATH: Montgomery. Md

10 CITY OR TOWN OF DEATH: Silver Spring

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Holy Cross Hospital

12a USUAL OCCUPATION (Kind of work done during most of working life even if retired): Retired. Asst. Dir.

12b KIND OF BUSINESS OR INDUSTRY: Md. State Agency Surplu

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md.

13b COUNTY: Montgomery

13c. CITY OR TOWN: Silver Spring

13d INSIDE CITY LIMITS? YES ☒ NO ☐

13e STREET AND NUMBER: 3551 S Leisure World Blvd.

14 FATHER'S NAME: First: Charles; Middle: L.; Last: Faller

15 MOTHER'S MAIDEN NAME: First: Mary; Middle: ; Last: Giltein

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)

16b. SOCIAL SECURITY NO: 219-36-8667

17 INFORMANT: Charles A. Gulli Address: 9412 Colesville Rd., S.S.Md.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)).

PART 1 DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) AcuteMyocardialInfarction

DUE TO, OR AS A CONSEQUENCE OF (b) ArterioscleroticHeartDiseaseManifestly

DUE TO, OR AS A CONSEQUENCE OF (c) ThromboticOcclusionOfRt&LtCoronaryArteries

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — 4104

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Pulmonary Infarction, R.L.L.

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? YES ☒ NO ☐

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)

21f LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from Sept 20, 1958, to May 29, 1968, that (I) (we) last saw the deceased alive on May 29, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: John J. Curry MD DEGREE — ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐

22c DATE SIGNED: 5/29/68

22d PHYSICIAN'S NAME (Type): John J. Curry, MD

22e. ADDRESS: 9810 Georgia Ave., S.S.M.

23a BURIAL, CREMATION, REMOVAL (Specify): Burial

23b DATE: June 1, 1968

23c NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery

23d LOCATION (City or Town) (County) (State): Washington, D.C.

24 FUNERAL DIRECTOR: J.W. Lee Warner E. Pumphrey, Inc.

ADDRESS: 8434 Ga. Ave. S.S.

25a RECD BY REGISTRAR: Md. JUN 5 1968

25b REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR 2-5(4) 30M REV 1/68

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

C 246

1 DECEASED NAME (Type or Print): First William Middle Oscar Last Hackey Jr.

2a DATE OF DEATH: KNOWN ☐ ESTIMATED ☒ Month May Day 19 Year 1968 — 2b. HOUR 12:35 A.M.

3 SEX: male — 4 RACE: Negro — 5 DATE OF BIRTH: 8/6/41 — 6 AGE (In years last birthday): 26 YRS — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN

2c. DATE PRONOUNCED DEAD: Month May Day 19 Year 1968 — 2d. HOUR 12 to 4 A.M.

7a BIRTHPLACE (State or foreign country): Maryland — 7b CITIZEN OF WHAT COUNTRY? USA — 8 MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ — 9 COUNTY OF DEATH: Montgomery Md.

10 CITY OR TOWN OF DEATH: Bethesda — 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Suburban Hospital — 12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Custodian — 12b KIND OF BUSINESS OR INDUSTRY: Monty County Public Schools

13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland — 13b COUNTY: Montgomery — 13c CITY OR TOWN: Rockville — 13d INSIDE CITY LIMITS? YES ☐ NO ☐ — 13e STREET AND NUMBER: 714 Lenmore Ave.

14 FATHER'S NAME First William Middle Oscar Last Hackey Sr. — 15 MOTHER'S MAIDEN NAME First Mary Middle Last Sibbs

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes give war or dates of service): 1961 — 16b SOCIAL SECURITY NO. — 17 INFORMANT: Josephine Hackey, wife — ADDRESS: address

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)). PART I DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Multiple Injuries Severe. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sudden

E160

Conditions if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b) Trauma of Auto Accident.

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

7124

19a DATE OF OPERATION — 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? — 20 AUTOPSY? YES ☒ NO ☐

21a EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH — 21b TIME OF INJURY Month, Day, Year HOUR A.M. 12:25 3/19 1968 — 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18): Lost control of his car struck utility pole

21d INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ — 21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Highway — 21f LOCATION Street or R.F.D. No. Route 124 — City or Town: No Caudly St Washington Grove — County: Mont. — State: Md.

22a I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and in my opinion death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: John S. Ball M.D.

EXAMINER'S NAME (Type)

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town or county)

22b DATE SIGNED: 5/19/68

23a BURIAL, CREMATION, REMOVAL (Specify): BURIAL — 23b DATE: 5-22-68 — 23c NAME OF CEMETERY OR CREMATORY: John Wesley Cem. — 23d LOCATION (City or Town) (County) (State): Clarksburg Montg Md.

24 FUNERAL DIRECTOR: Robert L. Snowden — ADDRESS: Rockville, Md. — 25a REC'D BY REGISTRAR DATE MAY 21 1968 — 25b REGISTRAR'S SIGNATURE: Marles Judge

VR A15ME (M) 10M REV. 1/68

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

13243

1. DECEASED NAME (Type or print) First: GEORGIA Middle: HALL Last:	2a. DATE OF DEATH Month 5 Day 22 Year 68	2b HOUR 2:20 PM	
3 SEX: FEMALE	4. RACE: W	5. DATE OF BIRTH: APRIL 24 1892	6 AGE (In years last birthday): 76 YRS; IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS: HOURS, MIN.
7a BIRTHPLACE (State or foreign country): MICHIGAN	7b CITIZEN OF WHAT COUNTRY?: U.S.A	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9 COUNTY OF DEATH: MONTGOMERY Md
10. CITY OR TOWN OF DEATH: SILVER SPRING	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): CHEVY CHASE NURSING & CONVALESCENT CENTER	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife	12b KIND OF BUSINESS OR INDUSTRY: Home
13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND	13b COUNTY: Prince Georges	13c CITY OR TOWN: ADELPHI	13d INSIDE CITY LIMITS? YES ☒ NO ☐	13e STREET AND NUMBER: 9324 LYNMONT DRIVE
14 FATHER'S NAME First: Charles Middle: Collier Last:	15. MOTHER'S MAIDEN NAME First: Emma Middle: May Last: Sinclair		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: —	17 INFORMANT: Robert C. Hall Address: 9324 Lynmont Drive	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) Carcinoma of Stomach
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 years

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? YES ☐ NO ☐	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	
21d INJURY OCCURRED While at work ☐ Not while at work ☐	21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY, OFFICE BUILDING ETC.)	21f LOCATION Street or R.F.D. No. City or Town County State	

22a. I **certify** that (I) (this hospital) attended the deceased from December, 1967, to May 22, 1968, that (I) (we) last saw the deceased alive on May 14 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b SIGNATURE: Blaine H. Eig	DEGREE: ATTENDING PHYS ☒ MED. DIRECTOR ☐ STAFF PHYS ☐	22c. DATE SIGNED: May 22, 1968
22d. PHYSICIAN'S NAME (Type): BLAINE H. EIG	22e. ADDRESS: 9801 Georgia Ave Silver Spring Md	

23a BURIAL, CREMATION, REMOVAL (Specify): Burial	23b DATE: 5/25/68	23c NAME OF CEMETERY OR CREMATORY: WhiteChapel Cemetery	23d. LOCATION (City or Town): Troy	(County): Oakland (State): Mich.
24 FUNERAL DIRECTOR: F. Gasch's Sons	ADDRESS: Hyattsville, Maryland	25a. REC'D BY REGISTRAR DATE MAY 24 1968	25b REGISTRAR'S SIGNATURE: Charles Judge	

1

FOR STATE HEALTH DEPT.

M

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5)
10M REV 1-68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

37242

1. DECEASED-NAME (Type or Print) First: MARGARET	Middle: RUTH	Last: HALL	2a DATE OF DEATH KNOWN [X] ESTIMATED [ ] Month 5 Day 31 Year 68
2b HOUR 4PM M	3 SEX: Female	4 RACE: White	5 DATE OF BIRTH: 11/2/03
6 AGE (in years last birthday) 64 YRS; IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS: HOURS, MIN	2c DATE PRONOUNCED DEAD Month May Day 31 Year 1968	2d HOUR 4PM M	
7a BIRTHPLACE (State or foreign country): Maryland	7b CITIZEN OF WHAT COUNTRY? USA	8 MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]	9 COUNTY OF DEATH: M ntgomery Md
10 CITY OR TOWN OF DEATH: Wheaton	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Holy Cross Hosp.	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife	12b KIND OF BUSINESS OR INDUSTRY
13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland	13b COUNTY: Howard	13c CITY OR TOWN: Ellicott City	13d INSIDE CITY LIMITS? YES [X] NO [ ]
13e STREET AND NUMBER: 127 Brittany Dr.			
14 FATHER'S NAME First: Unknown	Middle	Last	15 MOTHER'S MAIDEN NAME First: Unknown Middle Last
16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO	(If yes give war or dates of service)	16b SOCIAL SECURITY NO: ?	17. INFORMANT: Daughter, Doris Palmer ADDRESS: 127 Brittany Rd. Ellicott City, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Acute Coronary Insufficiency — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF

(b) Arteriosclerotic Heart Disease

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

4

19a. DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? | 20. AUTOPSY? YES [ ] NO [X]

21a. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH | 21b. TIME OF INJURY Month, Day Year HOUR A.M. P.M. 19 | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] | 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) | 21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that I took charge of the remains described above, held an Autopsy [ ], Inspection [X], Inquiry [X], and in my opinion death resulted from Natural causes [X], Accident [ ], Suicide [ ], Homicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE: Belden R. Leap M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
DEPUTY MEDICAL EXAMINER [X]

EXAMINER'S NAME (Type): BELDEN R. LEAP M.D. ADDRESS (Street, city, town, or county): Wheaton

22b. DATE SIGNED: MAY 31, 1968

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial | 23b. DATE: 6-4-68 | 23c. NAME OF CEMETERY OR CREMATORY: Poplar Springs | 23d. LOCATION (City or Town) (County) (State): Poplar Sp. Howard Md.

24. FUNERAL DIRECTOR: John R. Stark ADDRESS: Ellicott City Md.

25a. REC'D BY REGISTRAR DATE JUN 6 1968 | 25b. REGISTRAR'S SIGNATURE: Charles Judge

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

1243 TH 37243

1. DECEASED-NAME (Type or print) First: THOMAS Middle: W Last: HALL	2a. DATE OF DEATH: 5 Month 29 Day 68 Year	2b. HOUR: 4 P M	
3. SEX: M	4. RACE: N	5. DATE OF BIRTH: 11-10-1872	6. AGE (In years last birthday): 95 YRS. IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Montgomery Md
10. CITY OR TOWN OF DEATH: Silver Spring	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): COLONIAL VILLA NURSING HOME N. HAMPSHIRE AVE	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): FARMER	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD	13b. COUNTY: Montgo-	13c. CITY OR TOWN: SANDY SPRING	13d. INSIDE CITY LIMITS? YES ☐ NO ☐ — 13e. STREET AND NUMBER: 18470 BROOK RD
14. FATHER'S NAME First: JOHN Middle: W Last: HALL	15. MOTHER'S MAIDEN NAME First: OMANDA Middle: Last: SNOWDEN		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown (If yes give war or dates of service)	16b. SOCIAL SECURITY NO	17. INFORMANT Address	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Ventricular Fibrillation
DUE TO, OR AS A CONSEQUENCE OF
(b) Dissecting aneurysm of thoracic aorta — 3 days
DUE TO, OR AS A CONSEQUENCE OF
(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
151 x ASHD

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I **certify** that (I) (this ~~hospital~~) attended the deceased from Jan, 19 68, to May 29, 19 68, that (I) (we) last saw the deceased alive on May 28 19 68, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: R. H. Sandstrom M.D.	DEGREE: ATTENDING PHYS. ☑ MED. DIRECTOR ☑ STAFF PHYS. ☐	22c. DATE SIGNED: 5/29/68	
22d. PHYSICIAN'S NAME (Type): R. H. Sandstrom M.D.	22e. ADDRESS: 7701 Carroll Ave Takoma Park, Md		
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 6-2-68	23c. NAME OF CEMETERY OR CREMATORY: Sharp Street Ch. Cem.	23d. LOCATION (City or Town) (County) (State): Sandy Spring Montg. Md.
24. FUNERAL DIRECTOR: Robert H. Snowden	ADDRESS	25a. REC'D BY REGISTRAR DATE JUN 5 1968	25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers (pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

57244

1 DECEASED-NAME (Type or print): First: Patrick; Middle: H.; Last: Hanagan

2a. DATE OF DEATH: Month 5; Day 6; Year 1968

2b. HOUR: 2:10 P.M.

3. SEX: Male

4. RACE: White

5. DATE OF BIRTH: 8/13/1898

6. AGE (In years last birthday): 69 YRS.

IF UNDER 1 YEAR: MONTHS / DAYS

IF UNDER 24 HRS: HOURS / MIN

7a. BIRTHPLACE (State or foreign country): Pennsylvania

7b. CITIZEN OF WHAT COUNTRY?: USA

8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. COUNTY OF DEATH: Montgomery Md.

10. CITY OR TOWN OF DEATH: Silver Springs

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Randolph Hills Nursing Home

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Machinist

12b. KIND OF BUSINESS OR INDUSTRY: Auto Body

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md.

13b. COUNTY: Montgomery

13c. CITY OR TOWN: Silver Spr.

13d. INSIDE CITY LIMITS? YES ☐ NO ☐

13e. STREET AND NUMBER: 8710 Bradford Rd.

14. FATHER'S NAME: First: John; Middle: G; Last: Hanagan

15. MOTHER'S MAIDEN NAME: First: Ellen; Middle: M.; Last: Sheehan

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: no (If yes give war or dates of service)

16b. SOCIAL SECURITY NO: 193-05-1403

17. INFORMANT: Wife; Address: Ellen M. Hanagan-8710 Bradford Rd. S.S. Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)) PART I DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Bronchi-Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 days

DUE TO, OR AS A CONSEQUENCE OF (b): Carcinoma of the Lung — 2 years

DUE TO, OR AS A CONSEQUENCE OF (c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO ☑

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (~~this hospital~~) attended the deceased from 3-9, 19 68, to May 6, 19 68, that (I) (we) last saw the deceased alive on May 5 19 68, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: Michael R. Dobridge M.D. DEGREE — ATTENDING PHYS ☑ MED DIRECTOR ☐ STAFF PHYS ☐

22c. DATE SIGNED: May 6, 1968

22d. PHYSICIAN'S NAME (Type): Michael R. Dobridge

22e. ADDRESS: 1260 Parkland Drive Rockville, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: May 9, 1968

23c. NAME OF CEMETERY OR CREMATORY: Parklawn Cemetery

23d. LOCATION (City or Town) (County) (State): Rockville Montgomery Md.

24. FUNERAL DIRECTOR: C. Glen Carter; ADDRESS: Warner E. Pumphrey Inc. 8434 Georgia Ave. SS

25a. REC'D BY REGISTRAR DATE: MAY 9 1968

25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 30M REV. 1/68

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR 115 (4)
30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

57245 1

1. DECEASED NAME (Type or print): First ~~Herbert~~ Middle ~~Ashby~~ Last ~~Harris~~ — Herbert Ashby Harris
2a. DATE OF DEATH: Month May Day 12 Year 1968
2b. HOUR 6:40 P.M.
3. SEX: Male
4. RACE: White
5. DATE OF BIRTH: 3/8/04
6. AGE (In years last birthday): 63 YRS. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
7a. BIRTHPLACE (State or foreign country): Virginia
7b. CITIZEN OF WHAT COUNTRY? USA
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
9. COUNTY OF DEATH: Montgomery Md
10. CITY OR TOWN OF DEATH: Bethesda
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Suburban
12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired): Fire Marshal Building
12b. KIND OF BUSINESS OR INDUSTRY: Grades
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland
13b. COUNTY: Montgomery
13c. CITY OR TOWN: Rockville
13d. INSIDE CITY LIMITS? YES [ ] NO [ ]
13e. STREET AND NUMBER: 304 North Adams Ave Apt 107
14. FATHER'S NAME First / Middle / Last: Unknown
15. MOTHER'S MAIDEN NAME First / Middle / Last: Unknown
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes give war or dates of service): No
16b. SOCIAL SECURITY NO.: 577-03-4625
17. INFORMANT: Herbert L. Harris Address: 217 Maple Ave. Takoma Park, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART 1 DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Ventricular fibrillation — Approximate interval between onset and death: Minutes
DUE TO, OR AS A CONSEQUENCE OF
(b) Myocardial infarction — 2 wks
DUE TO, OR AS A CONSEQUENCE OF
(c) Arteriosclerotic heart disease — years
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Atrial fibrillation

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [ ] NO [X]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. I certify that (I) (this hospital) attended the deceased from 4/29, 1968, to 5/12, 1968, that (I) (we) last saw the deceased alive on 5/12 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Robert R. Montgomery MD — DEGREE — ATTENDING PHYS [X] MED DIRECTOR [ ] STAFF PHYS [ ]
22c. DATE SIGNED: 5/13/68
22d. PHYSICIAN'S NAME (Type): ROBERT R. MONTGOMERY
22e. ADDRESS: 5411 CEDAR LANE BETHESDA, MD

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/16/68
23c. NAME OF CEMETERY OR CREMATORY: Parklawn
23d. LOCATION (City or Town) (County) (State): Rockville, Maryland
24. FUNERAL DIRECTOR: Tyson Wheeler Funeral Home
ADDRESS: 1331 Rockville Pike Rockville, Md.
25a. REC'D BY REGISTRAR DATE: MAY 15 1968
25b. REGISTRAR'S SIGNATURE: Charles Judge

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

3246 — 3725a

1 DECEASED NAME (Type or print): First John Middle Ralph Last Harris

2a. DATE OF DEATH: Month May Day 6 Year 1968

2b. HOUR: 3:55 P.M.

3. SEX: male

4. RACE: white

5. DATE OF BIRTH: 4/8/1900

6. AGE (In years last birthday): 68 YRS

IF UNDER 1 YEAR: MONTHS DAYS — IF UNDER 24 HRS.: HOURS MIN.

7a. BIRTHPLACE (State or foreign country): Illinois

7b. CITIZEN OF WHAT COUNTRY? U.S.A.

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. COUNTY OF DEATH: Montgomery Md

10. CITY OR TOWN OF DEATH: Bethesda

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Suburban

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Salesman.

12b. KIND OF BUSINESS OR INDUSTRY:

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md

13b. COUNTY: Mont. Co.

13c. CITY OR TOWN: Garrett Pk.

13d. INSIDE CITY LIMITS? YES [X] NO [ ]

13e. STREET AND NUMBER: 10902 - Kenilworth Ave.

14. FATHER'S NAME: First Albert Middle E Last Harris

15. MOTHER'S MAIDEN NAME: First Maude Middle May Last

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes give war or dates of service): W.W. I Army

16b. SOCIAL SECURITY NO: 572-06-340

17. INFORMANT: LeHid E. Harris Address: Same as above.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART 1 DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cirrhosis, Laennec's — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Years

1.0

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Bronchopneumonia, congestion and edema, pulmonary

19a. DATE OF OPERATION:

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20a. AUTOPSY? YES [X] NO [ ]

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 5-1-68, 19____, to 5-6-68, 19____, that (I) (we) last saw the deceased alive on 5-6-68, 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Earl H. Mitchell M.D. DEGREE: ATTENDING PHYS [X] MED DIRECTOR [ ] STAFF PHYS [ ]

22c. DATE SIGNED: 5-7-68

22d. PHYSICIAN'S NAME (Type): Earl H. Mitchell

22e. ADDRESS: 2029 Q St. N.W. Washington, D.C.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5/11/68

23c. NAME OF CEMETERY OR CREMATORY: Ft. Lincoln

23d. LOCATION (City or Town) (County) (State): Prince George County, Md.

24. FUNERAL DIRECTOR: Tyson Wheeler Funeral Home-1331 Rockville Pike

ADDRESS: Rockville, Md.

Tyson Wheeler

25a. REC'D BY REGISTRAR: DATE MAY 13 1968

25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers and should be filed with the State Dept of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (30M REV 68)

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1 DECEASED-NAME (Type or print): First Birdie, Middle Virginia, Last Hawkins

2a DATE OF DEATH: Month May, Day 17, Year 1968

2b. HOUR: 10:30 P.M.

3 SEX: Female

4. RACE: W

5. DATE OF BIRTH: 3/23/1880

6 AGE (In years last birthday): 88 YRS.

IF UNDER 1 YEAR: MONTHS / DAYS

IF UNDER 24 HRS: HOURS / MIN.

7a BIRTHPLACE (State or foreign country): Maryland

7b CITIZEN OF WHAT COUNTRY?: U.S.A.

8 MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9 COUNTY OF DEATH: Montgomery Md

10 CITY OR TOWN OF DEATH: Olney

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Brooke Grove Foundation

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): House wife

12b. KIND OF BUSINESS OR INDUSTRY: Home

13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland

13b. COUNTY: Montgomery

13c CITY OR TOWN: Brookeville

13d. INSIDE CITY LIMITS? YES ☐ NO ☒

13e STREET AND NUMBER:

14. FATHER'S NAME First Carlton, Middle Oland, Last

15. MOTHER'S MAIDEN NAME First Margaret, Middle, Last Craver

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: — (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.: 214 20 5000

17 INFORMANT: Mrs. D. Oland Hawkins, Address: Olney Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Uremia — Approximate interval between onset and death: 5 days

DUE TO, OR AS A CONSEQUENCE OF

(b) Pyelonephritis — 10 days

DUE TO, OR AS A CONSEQUENCE OF

(c) Arteriosclerotic cardiovascular disease — 20 yrs

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION:

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20a. AUTOPSY? YES ☐ NO ☒

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from May 1, 19 68, to May 17, 19 68, that (I) (we) last saw the deceased alive on May 24 19 68, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: A. D. Blanchard M.D. DEGREE — ATTENDING PHYS. ☒ MED DIRECTOR ☐ STAFF PHYS. ☐

22c DATE SIGNED: May 18, 1968

22d. PHYSICIAN'S NAME (Type): A.D. BLANCHARD

22e. ADDRESS: Sandy Spring, Md.

23a BURIAL, CREMATION, REMOVAL (Specify): Burial

23b DATE: May 20, 1968

23c NAME OF CEMETERY OR CREMATORY: Mt. Olivet

23d. LOCATION (City or Town) (County) (State): Frederick, Frederick, Md.

24. FUNERAL DIRECTOR: Francis H. Barber

ADDRESS: Laytonsville, Md.

25a. REC'D BY REGISTRAR DATE MAY 21 1968

25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A15 (A) 30M REV 1968

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

37248

1 DECEASED-NAME (Type or print): First THOMAS Middle — Last HAYES

2a. DATE OF DEATH: Month MAY Day 14 Year 1968

2b. HOUR 1:45 PM

3 SEX: MALE

4. RACE: WHITE

5 DATE OF BIRTH: 8/21/1892

6 AGE (in years last birthday): 75 YRS.

IF UNDER 1 YEAR: MONTHS / DAYS

IF UNDER 24 HRS.: HOURS / MIN

7a BIRTHPLACE (State or foreign country): Missouri

7b. CITIZEN OF WHAT COUNTRY?: U. S. A.

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9 COUNTY OF DEATH: Montgomery Md

10 CITY OR TOWN OF DEATH: BETHESDA

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): SUBURBAN

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Policeman Retired

12b KIND OF BUSINESS OR INDUSTRY: U.S. Govt

13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: MARYLAND

13b. COUNTY: Montgomery

13c. CITY OR TOWN: ROCKVILLE

13d INSIDE CITY LIMITS? YES ☒ NO ☐

13e STREET AND NUMBER: 4613 Aspen HILL RD

14 FATHER'S NAME First CHARLES Middle H. Last HAYES

15 MOTHER'S MAIDEN NAME First UNKNOWN Middle Last

16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): yes (Give war or dates of service): World War I

16b SOCIAL SECURITY NO: 578-36-5162

17. INFORMANT: George Fosel Address: 4615 - Aspen Hill Rd. Rockville, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Heart failure

DUE TO, OR AS A CONSEQUENCE OF

(b) Atrial fibrillation

DUE TO, OR AS A CONSEQUENCE OF

(c) Hyperthyroidism

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION

19b CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? YES ☐ NO ☒

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While ☐ at work Not while ☐ at work

21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.)

21f LOCATION Street or R.F.D. No. City or Town County State

22a I **certify** that (I) (~~this hospital~~) attended the deceased from Sept, 1963, to May 14, 1968, that (I) (~~we~~) last saw the deceased alive on May 13 1968, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (~~did~~) (~~did~~ not) view the body after death.

22b SIGNATURE: Edward J. Richards M.D. DEGREE ATTENDING PHYS. ☒ MED DIRECTOR ☐ STAFF PHYS. ☐

22c DATE SIGNED: 5 14-68

22d PHYSICIAN'S NAME (Type): EDWARD J. RICHARDS

22e ADDRESS: SUBURBAN HOSP

23a BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b DATE: 5/17/1968

23c NAME OF CEMETERY OR CREMATORY: ARLINGTON MEM.

23d LOCATION (City or Town) (County) (State): ARLINGTON

24 FUNERAL DIRECTOR: W. Chamberlain Co. ADDRESS: Silver Spring Md.

25a. REC'D BY REGISTRAR DATE: MAY 16 1968

25b REGISTRAR'S SIGNATURE: J. Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 and 4 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

12 - 1

37249

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First: John Middle: E. Last: Hayward.

2a DATE OF DEATH Month: May Day: 13 Year: 68

2b HOUR 7:05 P.M.

3 SEX: Male

4 RACE: White

5. DATE OF BIRTH: 2/4/17

6 AGE (In years last birthday): 51 YRS.

IF UNDER 1 YEAR: MONTHS / DAYS

IF UNDER 24 HRS: HOURS / MIN

7a BIRTHPLACE (State or foreign country): New Jersey

7b. CITIZEN OF WHAT COUNTRY? U.S.A.

8 MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9 COUNTY OF DEATH: Montgomery Md

10 CITY OR TOWN OF DEATH: Bethesda

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Suburban

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Veterans Tax.

12b KIND OF BUSINESS OR INDUSTRY: N.I.H.

13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: Md.

13b COUNTY: Mont.

13c CITY OR TOWN: Rockville

13d INSIDE CITY LIMITS? YES [X] NO [ ]

13e. STREET AND NUMBER: 12205 - Brassfield Ct.

14 FATHER'S NAME First: Albert Middle: C. Last: Hayward

15. MOTHER'S MAIDEN NAME First: Miriam (Unknown) Middle: Last:

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: Yes. (If yes give war or dates of service): World War

16b. SOCIAL SECURITY NO: 158-09-9912

17 INFORMANT: Betty U. Hayward Address: Same as above.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Adenocarcinoma, Ampulla of Vater — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 years

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 1960

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION

19b CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? YES [X] NO [ ]

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)

21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]

21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f LOCATION Street or R.F.D. No. City or Town County State

22a I certify that (I) (this hospital) attended the deceased from 1960, 19 66, to MAY 3, 19 68, that (I) (we) last saw the deceased alive on MAY 13 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b SIGNATURE: [signature] DEGREE: ATTENDING PHYS [X] MED. DIRECTOR [ ] STAFF PHYS [ ]

22c. DATE SIGNED: 5-13-68

22d PHYSICIAN'S NAME (Type): Richard C. Myers, M. D.

22e. ADDRESS: 8512 Old Georgetown Rd. Bethesda, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

23b DATE: 5-15-68

23c NAME OF CEMETERY OR CREMATORY: Cedar Hill Crematory

23d LOCATION (City or Town) (County) (State): Suitland, Maryland

24 FUNERAL DIRECTOR: ROBERT A. PUMPHREY, Bethesda, Maryland ADDRESS

25a REC'D BY REGISTRAR DATE: MAY 17 1968

25b REGISTRAR'S SIGNATURE: [signature]

VR 175 (A) 30M REV. 1-68

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper, Page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 7 days after death.

VR A15 (4)
30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

7256 — 57256

1. DECEASED NAME (Type or print): First David Middle F Last Heckman
2a. DATE OF DEATH: 5 Month 3 Day 68 Year
2b. HOUR: 12:20 P.M.
3. SEX: M
4. RACE: W
5. DATE OF BIRTH: 12/25/74
6. AGE (In years last birthday): 93 YRS. — IF UNDER YEAR: MONTHS 7, DAYS 8 — IF UNDER 24 HRS.: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): PA.
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Montgomery Md
10. CITY OR TOWN OF DEATH: Bethesda
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Crossnor Lane Nursing & Convalescent Home.
12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired): Farmer
12b. KIND OF BUSINESS OR INDUSTRY: Farm
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md
13b. COUNTY: Wash
13c. CITY OR TOWN: Hagerstown
13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET AND NUMBER: ~~RFD~~ Hagerstown RD 6
14. FATHER'S NAME: First John Middle Last Heckman
15. MOTHER'S MAIDEN NAME: First UNKNOWN Middle Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: None
17. INFORMANT: Richard M. Heckman Address: RD 2 Greencastle Pa

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Massive pulmonary embolism — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: sev. minutes
DUE TO, OR AS A CONSEQUENCE OF (b) Venous Stasis — days
DUE TO, OR AS A CONSEQUENCE OF (c) Chronic congestive heart failure — months
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) ~~(this hospital)~~ attended the deceased from April 7, 1968, to May 3, 1968, that (I) ~~(we)~~ last saw the deceased alive on April 7 1968; and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we)~~ (did) ~~(did not)~~ view the body after death.

22b. SIGNATURE: [signature] DEGREE — ATTENDING PHYS. ☒ MED DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 5/3/68
22d. PHYSICIAN'S NAME (Type)
22e. ADDRESS

23a. BURIAL, CREMATION, REMOVAL (Specify): B.
23b. DATE: 5/6/68
23c. NAME OF CEMETERY OR CREMATORY: Maplewood Cem.
23d. LOCATION (City or Town) (County) (State): MARION, PA.
24. FUNERAL DIRECTOR: C. C. Minnich ADDRESS: Greencastle Pa
25a. REC'D BY REGISTRAR DATE: MAY 9 1968
25b. REGISTRAR'S SIGNATURE: Charles Judge

7251

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

1. DECEASED NAME (Type or print) First: JENNIE Middle: C. Last: HEFTY

2a. DATE OF DEATH Month Day Year: May 24, 1968

2b. HOUR: 10:25 A.M.

3. SEX: Female

4. RACE: Cauc.

5. DATE OF BIRTH: July 4, 1873

6. AGE (In years last birthday): 94 YRS — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN.

7a. BIRTHPLACE (State or foreign country): Oregon

7b. CITIZEN OF WHAT COUNTRY?: U. S.

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. COUNTY OF DEATH: Montgomery Md.

10. CITY OR TOWN OF DEATH: Kensington

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Carroll Hall NursingHome

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife

12b. KIND OF BUSINESS OR INDUSTRY:

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland

13b. COUNTY: Montgomery

13c. CITY OR TOWN: ChevyChase

13d. INSIDE CITY LIMITS? YES ☒ NO ☐

13e. STREET AND NUMBER: 3907 Woodbine Street

14. FATHER'S NAME First Middle Last: Frederick K. Crawford

15. MOTHER'S MAIDEN NAME First Middle Last: Emma HANNA

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)

16b. SOCIAL SECURITY NO: 216-46-0792D

17. INFORMANT: Daughter Georgella E.Hefty Address: Same as Item 13.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART 1 DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a) Aspiration — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 hours

DUE TO, OR AS A CONSEQUENCE OF (b) Cerebral Arteriosclerosis — 8 yrs

DUE TO, OR AS A CONSEQUENCE OF (c) Diabetes mellitus — undetermn.

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Chronic Bronchitis

19a. DATE OF OPERATION:

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20a. AUTOPSY? YES ☐ NO ☒

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from Aug. 15, 1967, to May 24, 1968, that (I) (we) last saw the deceased alive on May 23 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death

22b. SIGNATURE: Stanley M Bialek — DEGREE: ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐

22c. DATE SIGNED: May 24, 1968

22d. PHYSICIAN'S NAME (Type): STANLEY M. BIALEK

22e. ADDRESS: 8218 Wisconsin Ave. Bethesda, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

23b. DATE: 5/24/68

23c. NAME OF CEMETERY OR CREMATORY: Cedar Hill Crematory

23d. LOCATION (City or Town) (County) (State): Suitland Pr. Geo Md

24. FUNERAL DIRECTOR: Robert A Pumphrey

ADDRESS: 7557 Wisconsin Ave Bethesda, Md

25a. REC'D BY REGISTRAR DATE: JUN 4 1968

25b. REGISTRAR'S SIGNATURE: Charles Yuzge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1514
30M REV 4-68

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5)
10M REV 1-68

37252

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 DECEASED-NAME (Type or Print) First: H. Middle: Ray Last: Helverston

2a DATE OF DEATH KNOWN ☐ ESTIMATED ☐ Month Day Year: May 25 1968 — 2b HOUR: 7 P.M.

3 SEX: Female — 4 RACE: White — 5 DATE OF BIRTH: May 21 1961 — 6 AGE (In years last birthday): 6 YRS — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN

2c. DATE PRONOUNCED DEAD Month Day Year: May 25 1968 — 2d HOUR: 7 P.M.

7a BIRTHPLACE (State or foreign country): Florida — 7b. CITIZEN OF WHAT COUNTRY? U.S.A. — 8 MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ — 9 COUNTY OF DEATH: Montgomery Md.

10. CITY OR TOWN OF DEATH: Bethesda — 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Suburban — 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Engineer — 12b KIND OF BUSINESS OR INDUSTRY: Private

13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md. — 13b COUNTY: Mont. — 13c CITY OR TOWN: Potomac — 13d INSIDE CITY LIMITS? YES ☐ NO ☒ — 13e STREET AND NUMBER: 9400 Persimmon Rd.

14 FATHER'S NAME First Middle Last: Humboldt Helverston — 15 MOTHER'S MAIDEN NAME First Middle Last: Anna Finley

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes give war or dates of service): No — 16b SOCIAL SECURITY NO: 190-09-3662 — 17. INFORMANT: Ruth Helverston — ADDRESS:

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a): Cardiac myocardial disease — 5 minutes

DUE TO, OR AS A CONSEQUENCE OF (b): Chronic myocardial disease — 5 yrs.

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): None

19a. DATE OF OPERATION — 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? — 20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH — 21b TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19 — 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.) — 21f LOCATION Street or R.F.D. No. City or Town County State

22a **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.

EXAMINER'S NAME (Type): JOHN ROGERS M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town, or county)

22b. DATE SIGNED: 5-25-68

23a BURIAL, CREMATION, REMOVAL (Specify): CREMATION — 23b DATE: 5-27-68 — 23c. NAME OF CEMETERY OR CREMATORY: CEDAR HILL CREMATORY — 23d LOCATION (City or Town) (County) (State): SUITLAND, MD.

24. FUNERAL DIRECTOR: JOS. GAWLER & SONS — ADDRESS: 5130 WIS. AVE. N.W. WASH. D.C. — 25a. REC'D BY REGISTRAR DATE: MAY 29 1968 — 25b REGISTRAR'S SIGNATURE: [signature]

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3 Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death

VR A15ME (5)
10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

57253

1. DECEASED-NAME (Type or Print): First: Mary; Middle: Elizabeth; Last: Heslin

2a DATE OF DEATH KNOWN ☐ ESTIMATED ☒: Month 5, Day 12, Year 1968

2b HOUR: 6 PM

3. SEX: female

4. RACE: caus.

5. DATE OF BIRTH: 3/23/18

6. AGE (In years last birthday): 50 YRS; IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS: HOURS / MIN

2c DATE PRONOUNCED DEAD: Month 5, Day 12, Year 1968

2d HOUR: 8:45 PM

7a. BIRTHPLACE (State or foreign country): New Jersey

7b. CITIZEN OF WHAT COUNTRY? USA

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. COUNTY OF DEATH: Montgomery Md.

10. CITY OR TOWN OF DEATH: Silver Spring

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 12818 Bushey Drive

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): housewife

12b. KIND OF BUSINESS OR INDUSTRY: Own Home

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland

13b. COUNTY: Montgomery

13c. CITY OR TOWN: SilverSpring

13d. INSIDE CITY LIMITS? YES ☐ NO ☐

13e. STREET AND NUMBER: 12818 Bushey Drive

14. FATHER'S NAME: First: Arthur; Middle: Flagg; Last:

15. MOTHER'S MAIDEN NAME: First: Rose; Middle: Seeley; Last:

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.: 136 143 511

17. INFORMANT: Thomas Heslin ADDRESS: 12818 Bushey Drive S.S. Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Asphyxiation due to

DUE TO, OR AS A CONSEQUENCE OF (b) strangulation with electric

DUE TO, OR AS A CONSEQUENCE OF (c) cord

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Depression

19a. DATE OF OPERATION:

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?:

20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b. TIME OF INJURY Month Day, Year HOUR A.M. P.M. 6 PM 5-12 1968

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18): Electrical Injury in basement of home

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Home

21f. LOCATION Street or R.F.D. No. (above) City or Town: Silver Spring County: Montgomery State: Md

22a. I certify that I took charge of the remains described above, held on Autopsy ☐, Inspection ☒, Inquiry ☒, and in my opinion death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Belden R. Reap M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

EXAMINER'S NAME (Type): BELDEN R. REAP, M.D. Deputy

ADDRESS (Street, city, town, or county): Silver Spring

22b. DATE SIGNED: MAY 12, 1968

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: May 17, 1968

23c. NAME OF CEMETERY OR CREMATORY: Holy Cross

23d. LOCATION (City or Town) (County) (State): N. Arlington, New Jersey

24. FUNERAL DIRECTOR: C. Glen Carter, Warner T. Pumphrey, Inc. ADDRESS: Colesville 8434 Ga. Avenue, Silver Spring, Md

25a. RECD BY REGISTRAR DATE: MAY 20 1968

25b. REGISTRAR'S SIGNATURE: [illegible] Judge

1

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

C254

1 DECEASED NAME (Type or Print): First KARRELL Middle A Last HEYMAN

2a DATE KNOWN OF DEATH ☐ ESTIMATED ☒ Month 5 Day 12 Year 1968

2b HOUR 9:00 PM

2c DATE PRONOUNCED DEAD Month 5 Day 12 Year 1968

2d HOUR 9:30 PM

3 SEX: M

4 RACE: N

5 DATE OF BIRTH: 6-27-1937

6 AGE (In years last birthday): 30 YRS — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN.

7a BIRTHPLACE (State or foreign country): WASHINGTON PA

7b CITIZEN OF WHAT COUNTRY? U.S.A

8 MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9 COUNTY OF DEATH: MONTGOMERY Md.

10 CITY OR TOWN OF DEATH: TAKOMA PARK

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 7517 BLAIR ROAD

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)

12b KIND OF BUSINESS OR INDUSTRY: —

13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: Md.

13b. COUNTY: Montgomery

13c CITY OR TOWN: Silver Spring

13d INSIDE CITY LIMITS? YES ☒ NO ☐

13e STREET AND NUMBER: 7517 Blair Rd. #7

14. FATHER'S NAME: First CHARLES Middle HEYMAN Last

15 MOTHER'S MAIDEN NAME: First ZELLA Middle Last CHAPMAN

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)

16b SOCIAL SECURITY NO

17 INFORMANT: ZELLA HEYMAN ADDRESS: WASHINGTON PA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Gunshot wound in left chest with massive

755 X

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b) exsanguinating

DUE TO, OR AS A CONSEQUENCE OF (c) Hemothorax

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Acute Depression

19a DATE OF OPERATION

19b CONDITION FOR WHICH OPERATION WAS PERFORMED?

20 AUTOPSY? YES ☒ NO ☐

21a EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b TIME OF INJURY Month, Day Year HOUR A.M. P.M. 5-12 19 6.

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, item 18.)

21d INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.) Home

21f. LOCATION Street or R.F.D. No. 7517 Blair Rd. City or Town S. S. County Monto State Md.

22a I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and in my opinion death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Belden R. Reap M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

EXAMINER'S NAME (Type): BELDEN R. REAP, M.D.

ADDRESS (Street, city or town, county): Bethesda

22b. DATE SIGNED: MAY 12, 1968

23a BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b DATE: 5-14-1968

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION (City or Town) (County) (State): WASHINGTON, PA.

24. FUNERAL DIRECTOR: W. ERNEST JARVIS ADDRESS: 1432 YOU ST. N.W. WASHINGTON D.C.

25a RECD BY REGISTRAR DATE: MAY 15 1968

25b REGISTRAR'S SIGNATURE: [illegible]

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal and in any event within 72 hours after death.

VR A15ME (5)
10M REV 1/68

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

67255

1 DECEASED-NAME (Type or print) First: Leigh	Middle: Douglas	Last: Hicks	2a. DATE OF DEATH Month: 5 Day: 4 Year: 1968
2b HOUR: 1:15 PM	3. SEX: Male	4. RACE: Cauc	5 DATE OF BIRTH: 23 Oct. 1929
6 AGE (In years last birthday): 38 YRS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country): ~~UNK~~ Maine	7b CITIZEN OF WHAT COUNTRY?: USA	8 MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Montgomery Md.
10. CITY OR TOWN OF DEATH: Bethesda	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Naval Hospital, NNMC	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): USN	12b KIND OF BUSINESS OR INDUSTRY: Military
13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md.	13b. COUNTY: Montgomery	13c CITY OR TOWN: Silver Spring	13d INSIDE CITY LIMITS? YES [X] NO [ ]
13e STREET AND NUMBER: 8621 11th Ave.			
14 FATHER'S NAME First: Walter W.	Middle:	Last: Hicks	15 MOTHER'S MAIDEN NAME First: Verna
Middle: R.	Last: Turner		
16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): Yes	(If yes give war or dates of service): N.A.	16b. SOCIAL SECURITY NO: 151 22 6795	17. INFORMANT: Nancy B. Hicks Address: 8621 11th Ave, Silver Spg Md.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a) Poorly Differentiated Mesenchymal Neoplasm, Rt. Thigh with wide Spread Metastases.

DUE TO, OR AS A CONSEQUENCE OF

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION	19b CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [X] NO [ ]	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)	21f LOCATION Street or R.F.D. No. City or Town County State	

22a. I **certify** that (I) (this hospital) attended the deceased from 14 March, 1968, to 4 May, 1968, that (I) (we) last saw the deceased alive on 4 May 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (~~did not~~) view the body after death.

22b SIGNATURE: W. E. Beasley	DEGREE: ATTENDING PHYS [ ] MED DIRECTOR [ ] STAFF PHYS [X]	22c DATE SIGNED: 5 May 68
22d PHYSICIAN'S NAME (Type): W. E. BEASLEY LCDR MC USN (OOD)	22e ADDRESS: Naval Hospital, NNMC, Bethesda, Md.	

23a BURIAL CREMATION, REMOVAL (Specify): Burial	23b DATE: 8 May 68	23c. NAME OF CEMETERY OR CREMATORY: Arlington National	23d LOCATION (City or Town): Arlington (County) (State): Va.	
24 FUNERAL DIRECTOR: John W. Lee W.E. HUMPHREY	ADDRESS: 8434 Georgia Ave., Silver Spring, Md	25a REC'D BY REGISTRAR DATE: MAY 9 1968	25b REGISTRAR'S SIGNATURE: Charles Judge	

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

07256

1 DECEASED NAME (Type or print): First: Clark; Middle: H.; Last: Hilles

2a. DATE OF DEATH: Month: May; Day: 18; Year: 68

2b. HOUR: 5-25 A M

3. SEX: male

4. RACE: white

5. DATE OF BIRTH: 1/24/02

6. AGE (In years last birthday): 66 YRS.

IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN.

7a. BIRTHPLACE (State or foreign country): Ohio

7b. CITIZEN OF WHAT COUNTRY? USA

8 MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. COUNTY OF DEATH: Montgomery Md

10. CITY OR TOWN OF DEATH: Bethesda

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Suburban Hospital

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): CART. graphic [illegible]

12b KIND OF BUSINESS OR INDUSTRY: —

13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland

13b COUNTY: Montgomery

13c. CITY OR TOWN: Rockville

13d INSIDE CITY LIMITS? YES ☐ NO ☐

13e. STREET AND NUMBER: Apt 604 10201 Grossmont Place

14 FATHER'S NAME: First: George; Middle: —; Last: Hilles

15. MOTHER'S MAIDEN NAME: First: Daisey; Middle: Clark; Last:

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes give war or dates of service)

16b. SOCIAL SECURITY NO.:

17 INFORMANT: William Hilles — Son — 479 Severn Drive

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac tamponade peri effusion
DUE TO, OR AS A CONSEQUENCE OF (b) Ext. Ca (L) lung c met to aorta / mediastinum
DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 1621

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION:

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20a AUTOPSY? YES ☐ NO ☒

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d INJURY OCCURRED While at work ☐ Not while at work ☐

21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from April 16, 19 68, to May 17, 19 68, that (I) (we) last saw the deceased alive on May 17, 19 68, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: [illegible] DEGREE: ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐

22c. DATE SIGNED: 5-18-68

22d PHYSICIAN'S NAME (Type): Joseph W. Peabody JR. / Vicente J. de Guzman

22e ADDRESS: 1234 19 NW WASH D.C.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5-20-68

23c. NAME OF CEMETERY OR CREMATORY: Southerine Cemetery

23d. LOCATION (City or Town) (County) (State): Barnesville Ohio

24 FUNERAL DIRECTOR: Robert A Pumphrey

ADDRESS: 7537 Wisconsin Ave Bethesda, Md

25a REC'D BY REGISTRAR DATE: MAY 24 1968

25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

57257

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 and 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print): First Katherine; Middle E. S.; Last Hogan
2a. DATE OF DEATH: Month May; Day 5; Year 1968
2b. HOUR: 3.30 PM
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: Aug. 7, 1884
6. AGE (In years last birthday): 83 YRS.; IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): New Jersey
7b. CITIZEN OF WHAT COUNTRY?: U. S. A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Montgomery Md
10. CITY OR TOWN OF DEATH: Silver Spring
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): O'Connor Villa Nursing Home
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife
12b. KIND OF BUSINESS OR INDUSTRY: Own Home
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland
13b. COUNTY: Montgomery
13c. CITY OR TOWN: Silver Spring
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 1012 Babington Lane
14. FATHER'S NAME: First Robert; Middle Stinson; Last
15. MOTHER'S MAIDEN NAME: First Ellen; Middle; Last Lewless
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
16b. SOCIAL SECURITY NO. (If yes give war or dates of service): yes
17. INFORMANT: Robert S. Hogan; Address: 1012 Babington Lane Silver Spring, Maryland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART DEATH WAS CAUSED BY — IMMEDIATE CAUSE (a): Pneumonia, LLL — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO, OR AS A CONSEQUENCE OF (b): Inanition — 2 years

DUE TO, OR AS A CONSEQUENCE OF (c): Generalized arteriosclerosis — years

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Diabetes mellitus

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) ~~(this hospital)~~ attended the deceased from April, 1968, to 5-5, 1968, that (I) ~~(we)~~ last saw the deceased alive on 5-5, 1968, and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we)~~ ~~(did)~~ (did not) view the body after death.

22b. SIGNATURE: Jason Geiger MD — DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: May 6-1968
22d. PHYSICIAN'S NAME (Type): Jason Geiger, M.D.
22e. ADDRESS: 800 Pershing Drive Silver Spring, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 10, 1968
23c. NAME OF CEMETERY OR CREMATORY: Cemetery of Holy Sepulchre
23d. LOCATION (City or Town) (County) (State): Newark, New Jersey

24. FUNERAL DIRECTOR: John W. Leo[illegible] — ADDRESS: 8434 Georgia Ave. Silver Spring, Md.
Warner E. Pumphrey, Inc.

25a. REC'D BY REGISTRAR DATE MAY 9 1968
25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A15 (4) 30M REV. 1/68

1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

57258 57264

1. DECEASED NAME (Type or print) First: Gertrude Middle: Wilhelmina Last: Holinger	2a. DATE OF DEATH Month: MAY Day: 15 Year: 1968	2b. HOUR 11:55 A M	
3. SEX: Female	4. RACE: CAUCASIAN	5. DATE OF BIRTH: 1-7-1896	6. AGE (In years last birthday): 72 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): New York	7b. CITIZEN OF WHAT COUNTRY?: American	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: MONTGOMERY, Md
10. CITY OR TOWN OF DEATH: Takoma Park	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): WASHINGTON SAN. & HOSP.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): GOV'T WORKER	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND	13b. COUNTY: Prince Georges	13c. CITY OR TOWN: Hyattsville	13d. INSIDE CITY LIMITS? YES ☐ NO ☐ — 13e. STREET AND NUMBER: 5902 Knollbrook Drive
14. FATHER'S NAME First: Emil Middle: F Last: Holinger	15. MOTHER'S MAIDEN NAME First: Hilma Middle: Last: ANDERSON		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO: --	17. INFORMANT: Emil W. Holinger, 5009 Malden Drive, Address: Hyattsville, Md.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Sepsis	8 da
DUE TO, OR AS A CONSEQUENCE OF (b)	Pulmonary Embolism	10 da
DUE TO, OR AS A CONSEQUENCE OF (c)	Ascending Pyelonephritis	3 wks

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (this hospital) attended the deceased from April, 1968, to May 15, 1968, that (I) (we) last saw the deceased alive on May 15, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: James W. Whitlock, DEGREE	ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 5-15-68
22d. PHYSICIAN'S NAME (Type): James W. Whitlock	22e. ADDRESS: 7212 Carroll Ave. Takoma Park, Md.	

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 5-18-1968	23c. NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery	23d. LOCATION (City or Town) (County) (State): Bladensburg, Prince Georges
24. FUNERAL DIRECTOR: Joseph Gawler's Sons, Inc.	ADDRESS: 5130 Wisc. Ave. N.W., Wash., D.C. 20016	25a. REC'D BY REGISTRAR DATE: MAY 17 1968	25b. REGISTRAR'S SIGNATURE: [illegible]

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1 (4) 30M REV 1-68

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

37359

1 DECEASED-NAME (Type or print): First Mary; Middle Catherine; Last Hollis

2a. DATE OF DEATH: Month 5; Day 6; Year 68

2b. HOUR: 6:30 A.M.

3. SEX: Female

4. RACE: White

5. DATE OF BIRTH: 9-10-83

6. AGE (In years last birthday): 84 YRS.; IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS.: HOURS, MIN.

7a. BIRTHPLACE (State or foreign country): Va.

7b. CITIZEN OF WHAT COUNTRY?: U.S.A.

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. COUNTY OF DEATH: MONTGOMERY Md

10. CITY OR TOWN OF DEATH: Takoma Park

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Washington Sanitarium & Hosp.

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired):

12b. KIND OF BUSINESS OR INDUSTRY:

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland

13b. COUNTY: Prince George's

13c. CITY OR TOWN: Wh. Hyattsville

13d. INSIDE CITY LIMITS? YES ☒ NO ☐

13e. STREET AND NUMBER: 1513 Longfellow Street

14. FATHER'S NAME: First Isaac; Middle; Last Brumbaugh

15. MOTHER'S MAIDEN NAME: First Pamela; Middle; Last Ship

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.:

17. INFORMANT: Hospital Records; Address: 7600 Carroll Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary insufficiency

DUE TO, OR AS A CONSEQUENCE OF

(b) Coronary atherosclerosis

DUE TO, OR AS A CONSEQUENCE OF

(c) Generalized arteriosclerosis

4127

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

bronchopneumonia

19a. DATE OF OPERATION:

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20a. AUTOPSY? YES ☒ NO ☐

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 4/30, 1968, to 5/6, 1968, that (I) (we) last saw the deceased alive on MAY 5, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death

22b. SIGNATURE: Bruno G. Bendlau M.D. DEGREE; ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒

22c. DATE SIGNED: 5/6/68

22d. PHYSICIAN'S NAME (Type):

22e. ADDRESS:

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5/9/68

23c. NAME OF CEMETERY OR CREMATORY: Congressional Cem

23d. LOCATION (City or Town) (County) (State): Wash, D.C.

24. FUNERAL DIRECTOR: W. F. Huntemann & Son; ADDRESS: 5132 Georgia Ave N.W.

W. F. Huntemann

25a. REC'D BY REGISTRAR: DATE MAY 8 1968

25b. REGISTRAR'S SIGNATURE: Charles Judge

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5)
10M REV 1/68

07260

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. DECEASED NAME (Type or Print): First Martina; Middle NMI; Last Hood

2a. DATE OF DEATH KNOWN ☐ ESTIMATED ☐: Month 5, Day 8, Year 68

2b. HOUR 9A M

2c. DATE PRONOUNCED DEAD: Month 5, Day 8, Year 68

2d. HOUR 9A M

3. SEX: Female

4. RACE: White

5. DATE OF BIRTH: 1896 1/1 ~~1900~~

6. AGE (in years at last birthday): 72 ~~85~~ YRS; IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS: HOURS, MIN

7a. BIRTHPLACE (State or foreign country): Secretary, Md.

7b. CITIZEN OF WHAT COUNTRY? USA

8. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. COUNTY OF DEATH: Montgomery Md

10. CITY OR TOWN OF DEATH: Silver Spring

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 1914 Glen Ross Rd. SSMd.

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): ~~XXXXX~~ housewife

12b. KIND OF BUSINESS OR INDUSTRY: own home

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland

13b. COUNTY: Montgomery

13c. CITY OR TOWN: Sil. Sprg.

13d. INSIDE CITY LIMITS? YES ☒ NO ☐

13e. STREET AND NUMBER: 1914 Glen Ross Rd. SSMd.

14. FATHER'S NAME: First William; Middle Wallace; Last Bryan

15. MOTHER'S MAIDEN NAME: First Martina; Middle NMI; Last Robinson

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.: 578-10-0567-B

17. INFORMANT: daughter/Mrs.Wm.C Appleby ADDRESS: 1914 Glen Ross Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Acute Coronary Insufficiency

DUE TO, OR AS A CONSEQUENCE OF

(b) Arteriosclerotic Heart Disease

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?

20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, item 18)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Beloen R. Reap M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

EXAMINER'S NAME (Type): BELOEN R. REAP M.D. ADDRESS (Street, city, town, or county): Bethesda

22b. DATE SIGNED: MAY 8, 1968

23a. MANNER OF DISPOSITION, REMOVAL (Specify): Burial

23b. DATE: May 10, 1968

23c. NAME OF CEMETERY OR CREMATORY: Arlington National Cem.

23d. LOCATION (City or Town) (County) (State): Arlington Arlington Va.

24. FUNERAL DIRECTOR: Clarence C. Glen Carter ADDRESS: 8434 Georgia Avenue Warner E. Pumphrey, Inc. Silver Spring, Md.

25a. REC'D BY REGISTRAR DATE: MAY 13 1968

25b. REGISTRAR'S SIGNATURE: Charles Judge

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37263

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or print) First: ADDIE Middle: JOSEPHINE Last: HOPKINS
2a. DATE OF DEATH Month: MAY Day: 26 Year: 68
2b. HOUR 8:30 A.M.
3. SEX: FEMALE
4. RACE: WHITE
5. DATE OF BIRTH: 4/9/00
6. AGE (In years last birthday) 68 YRS
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HRS: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): New Jersey
7b. CITIZEN OF WHAT COUNTRY? U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: MONTGOMERY Md
10. CITY OR TOWN OF DEATH: BETHESDA
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): SUBURBAN
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): WAITRESS
12b. KIND OF BUSINESS OR INDUSTRY: CANNON BALL INN
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND
13b. COUNTY: MONTGOMERY
13c. CITY OR TOWN: ROCKVILLE
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 12207 ACADEMY WAY
14. FATHER'S NAME First: JOHN Middle: TUTTLE Last:
15. MOTHER'S MAIDEN NAME First: FLORENCE Middle: Hart Last:
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes give war or dates of service)
16b. SOCIAL SECURITY NO
17. INFORMANT: RICHARD HOPKINS Address: SAME AS ABOVE.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c))
PART 1. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Pneumonia, left lung — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 days
DUE TO, OR AS A CONSEQUENCE OF
(b) Cancer of the pancreas — 4 mo.
DUE TO, OR AS A CONSEQUENCE OF
(c)
1511
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION 4/10/68
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED Gastrostomy
20a. AUTOPSY? YES ☒ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 3/13, 1968, to 5/26, 1968, that (I) (we) last saw the deceased alive on 5/26 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE Otto T. Englehart MD — DEGREE: ATTENDING PHYS ☒ MED. DIRECTOR ☐ STAFF PHYS ☐
22c. DATE SIGNED 5/26/68
22d. PHYSICIAN'S NAME (Type) OTTO T. ENGLEHART M.D.
22e. ADDRESS 1302 18th St NW WASH D.C.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/29/1968
23c. NAME OF CEMETERY OR CREMATORY: Hollywood Mem. Park
23d. LOCATION (City or Town): Union (County): Union (State): N.J.
24. FUNERAL DIRECTOR: Tyson Wheeler Funeral Home ADDRESS: 1331 Rockville Pike Rockville, Md.
25a. REC'D BY REGISTRAR DATE: MAY 29 1968
25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

37262

1. DECEASED-NAME (Type or print): First: Marianna; Middle: G; Last: Howard
2a. DATE OF DEATH: Month 5; Day 1; Year 68
2b. HOUR: 5:10 A.M.
3. SEX: Female
4. RACE: C White
5. DATE OF BIRTH: March 15 1893
6. AGE (In years last birthday): 75 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Illinois
7b. CITIZEN OF WHAT COUNTRY?: U.S.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Montgomery Md
10. CITY OR TOWN OF DEATH: Chevy Chase
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Bethesda Silver Spring Md
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): House wife
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Washington
13b. COUNTY: District of Columbia
13c. CITY OR TOWN:
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 2936 Cortland ~~St.~~ Pl. NW
14. FATHER'S NAME: First: Samuel; Middle: Gray; Last:
15. MOTHER'S MAIDEN NAME: First: Marianna; Middle: B.; Last: Clark
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 579-60-5742
17. INFORMANT: Marianna G. Shepard, Daughter, 2936 Cortland Pl., Wash., D.C.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Basilar Artery Thrombosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 days
DUE TO, OR AS A CONSEQUENCE OF
(b) Arteriosclerosis generalized — 5 yrs.
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (~~this hospital~~) attended the deceased from 30 March, 1968, to 1 May, 1968, that (I) (~~we~~) last saw the deceased alive on 1 May 1968, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: Joseph J. Wallace — DEGREE: ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐
22c. DATE SIGNED: 1 May 1968
22d. PHYSICIAN'S NAME (Type): JOSEPH J. WALLACE, M.D.
22e. ADDRESS: 5817 LENOX RD. BETHESDA, MD.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 3, 1968
23c. NAME OF CEMETERY OR CREMATORY: Arlington National
23d. LOCATION (City or Town) (County) (State): Arlington County, Virginia
24. FUNERAL DIRECTOR: Joseph Gawler's Sons, Inc.
ADDRESS: 5130 Wisc. Ave. N.W., Wash., D.C., 20016
25a. RECD BY REGISTRAR DATE: MAY 6 1968
25b. REGISTRAR'S SIGNATURE: J. Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

Mailed with Medical Examiner

VR A15 (4) 30M REV 1/68

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be expedited within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

37263

1. DECEASED-NAME (Type or print) First: Claire Middle: Y. Last: HOWELL	2a. DATE OF DEATH Month: May Day: 31 Year: 1968	2b. HOUR: 8:20P	
3. SEX: Female	4. RACE: Caucasian	5. DATE OF BIRTH: 9 Jul 1886	6. AGE (In years last birthday): 81 YRS. — If under year: Months / Days; If under 24 hrs.: Hours / Min.
7a. BIRTHPLACE (State or foreign country): ~~Fla.~~ Oregon	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARITAL STATUS: Married ☐ Never married ☐ Widowed ☒ Divorced ☐	9. COUNTY OF DEATH: Montgomery County, Md
10. CITY OR TOWN OF DEATH: Bethesda,	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): US Naval Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: District of Columbia	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☐ — 13e. STREET AND NUMBER: Apt.548, 2101 Roosevelt Hote
14. FATHER'S NAME First: Willard Middle: Young Last:	15. MOTHER'S MAIDEN NAME First: Harriet Middle: Hooper Last:		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, No, or unknown: No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO	17. INFORMANT: W.Y.Howell, 16 th.St., N. Arlington, Va. (Son) Address	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — Approximate interval between onset and death

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardiorespiratory Failure

1804

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (this hospital) attended the deceased from 18 May, 19 68 to 31 May, 19 68 that (I) (we) last saw the deceased alive on 31 May 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE: Attending Phys. ☐ Med Director ☐ Staff Phys. ☒	22c. DATE SIGNED: 31 May 1968
22d. PHYSICIAN'S NAME (Type): S. FRANK DOVI LT MC USNR	22e. ADDRESS: Naval Hospitalm Bethesda, Md.	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 6/4/68	23c. NAME OF CEMETERY OR CREMATORY: Forrest Lawn Cemetery — 23d. LOCATION (City or Town) (County) (State): Hollywood Hills, California
24. FUNERAL DIRECTOR: Falls Church Funeral Home, Falls Church, Va. — ADDRESS	25a. REC'D BY REGISTRAR DATE JUN 10 1968	25b. REGISTRAR'S SIGNATURE: Charles Judge

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

67264

1. DECEASED-NAME (Type or print): First RAYMOND Middle WINFIELD Last HOWES
2a. DATE OF DEATH: 5 Month 27 Day 68 Year
2b. HOUR: 6:50 A.M.
3. SEX: MALE
4. RACE: WHITE
5. DATE OF BIRTH: 10-10-10
6. AGE (In years last birthday): 57 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN
7a. BIRTHPLACE (State or foreign country): MARYLAND
7b. CITIZEN OF WHAT COUNTRY? USA
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: MONTGOMERY Md
10. CITY OR TOWN OF DEATH: OLNEY
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): DOA MONTGOMERY GENERAL
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): FOREMAN
12b. KIND OF BUSINESS OR INDUSTRY: LANDSCAPING
13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) STATE: MARYLAND
13b. COUNTY: MONTGOMERY
13c. CITY OR TOWN: GERMANTOWN
13d. INSIDE CITY LIMITS? YES [ ] NO [X]
13e. STREET AND NUMBER: RT. 1, BOX 247
14. FATHER'S NAME First WINFIELD Middle - Last HOWES
15. MOTHER'S MAIDEN NAME First FRANCES Middle - Last LEISHEAR
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)
16b. SOCIAL SECURITY NO: ••
17. INFORMANT: MEDICAL RECORD DEPT. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c))
PART 1 DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) Myocardial infarction, acute — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 24 hrs
DUE TO, OR AS A CONSEQUENCE OF
(b) Arteriosclerotic cardiovascular disease — 10 yrs
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
4109
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [ ] NO [X]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)
21f. LOCATION Street or R.F.D. No City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from Dec, 1955, to May, 1968, that (I) (we) last saw the deceased alive on May 25 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: A. D. Bonifant DEGREE ATTENDING PHYS [X] MED DIRECTOR [ ] STAFF PHYS [ ]
22c. DATE SIGNED: 5-27-68
22d. PHYSICIAN'S NAME (Type): A. D. BONIFANT, M. D.
22e. ADDRESS: MEDICAL CENTER, SANDY SPRING, MD.

23a. BURIAL CREMATION REMOVAL (Specify): Burial
23b. DATE: 5-29-68
23c. NAME OF CEMETERY OR CREMATORY: Salem
23d. LOCATION (City or Town) (County) (State): Brookeville Mont. Md.
24. FUNERAL DIRECTOR: Francis H. Barber ADDRESS: Laytonsville, Md.
25a. REC'D BY REGISTRAR DATE: MAY 28 1968
25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers (Page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A-1 (Rev.) 30M REV. 1-68

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

2265 — 7271

1. DECEASED NAME (Type or print): First CYNTHIA Middle CAROLINE Last HOUSTON
2a. DATE OF DEATH: Month MAY Day 7 Year 68
2b. HOUR: 3:23 A.M.
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: 3/24/41
6. AGE (In years last birthday): 27 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HRS: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Louisiana
7b. CITIZEN OF WHAT COUNTRY? USA
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Montgomery Md
10. CITY OR TOWN OF DEATH: Bethesda
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Suburban Hospital
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Secretary
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland
13b. COUNTY: Montgomery
13c. CITY OR TOWN: Gaithersburg
13d. INSIDE CITY LIMITS? YES [X] NO [ ]
13e. STREET AND NUMBER: 20 N. Summit Drive
14. FATHER'S NAME First Benj L Middle Burke Last
15. MOTHER'S MAIDEN NAME First Louise Middle Last Burham
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO. 432-78-4828
17. INFORMANT: Timothy Huston Husband. Address: add same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Anoxia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 15 min
DUE TO, OR AS A CONSEQUENCE OF (b) Cardiac failure — 1 week
DUE TO, OR AS A CONSEQUENCE OF (c) Congenital heart disease — 27 yrs
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 170.1
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): none

19a. DATE OF OPERATION: —
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20a. AUTOPSY? YES [ ] NO [ ]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from May 1, 1968, to May 7, 1968, that (I) (we) last saw the deceased alive on May 5 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Steven Conway MD — DEGREE: ATTENDING PHYS [ ] MED DIRECTOR [X] STAFF PHYS [ ]
22c. DATE SIGNED: May 7, 1968
22d. PHYSICIAN'S NAME (Type): Steven Conway
22e. ADDRESS: 570 No Frederick Gaithersburg Md

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-10-68
23c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
23d. LOCATION (City or Town) (County) (State): Saline Count, Arkansas
24. FUNERAL DIRECTOR: Robert A. Pumphrey — ADDRESS: 7557 Wisconsin Ave. Bethesda
25a. REC'D BY REGISTRAR: DATE MAY 13 1968
25b. REGISTRAR'S SIGNATURE: Jeanne Judge

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

07266

1. DECEASED-NAME (Type or print) First: ELIZABETH Middle: ANNE Last: IMRIE
2a. DATE OF DEATH Month: May Day: 7 Year: 1968
2b. HOUR: 7:45 P.M.
3. SEX: Female
4. RACE: Cauc.
5. DATE OF BIRTH: Apr. 1, 1878
6. AGE (In years last birthday): 90 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Illinois
7b. CITIZEN OF WHAT COUNTRY?: U. S.
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: Montgomery Md.
10. CITY OR TOWN OF DEATH: Kensington
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Carroll Hall
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Clerical-Govt - Retired
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland
13b. COUNTY: Montgomery
13c. CITY OR TOWN: Kensington
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 3920 Baltimore Street
14. FATHER'S NAME First: William Middle: Lost: Imrie
15. MOTHER'S MAIDEN NAME First: Margaret Middle: Lost: Allen
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO: Unknown
17. INFORMANT: Walworth Brown Address: 4218 Glenridge Street Kensington, Maryland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive heart failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 wks
DUE TO, OR AS A CONSEQUENCE OF (b) ASCVD — 1 yrs
DUE TO, OR AS A CONSEQUENCE OF (c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. #124 #221

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
Severe generalized osteoarthritis —

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (~~this hospital~~) attended the deceased from 1965, 19____, to 7 May, 1968, that (I) (~~we~~) last saw the deceased alive on 28 April 1968, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: Horace W. Bernton, MD DEGREE — ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 7 May, 1968
22d. PHYSICIAN'S NAME (Type): HORACE W. BERNTON
22e. ADDRESS: 4743 Bradley Blvd. Chevy Chase, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
23b. DATE: 5-11-68
23c. NAME OF CEMETERY OR CREMATORY: Cedar Hill Crematory
23d. LOCATION (City or Town) (County) (State): Suitland, Maryland
24. FUNERAL DIRECTOR: ROBERT A. PUMPHREY ADDRESS: Bethesda, Maryland
25a. REC'D BY REGISTRAR DATE: MAY 13 1968
25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A15 (4) 30M REV 1-68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of death.

VR A15 (4)
30M REV 1-68

1

J7267

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or print) First: Mary Middle: Elizabeth Last: IVY

2a. DATE OF DEATH Month: MAY Day: 19 Year: 68

2b. HOUR: 830A M

3. SEX: FEMALE

4. RACE: CAUCASION

5. DATE OF BIRTH: 23 SEP 1920

6. AGE (In years last birthday): 47 YRS — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN.

7a. BIRTHPLACE (State or foreign country): VIRGINIA, USA

7b. CITIZEN OF WHAT COUNTRY?: USA

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. COUNTY OF DEATH: MONTGOMERY Md.

10. CITY OR TOWN OF DEATH: BETHESDA, MD

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): U. S. NAVAL HOSPITAL

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): SEAMSTRESS

12b. KIND OF BUSINESS OR INDUSTRY: AWNING CO.

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: MARYLAND

13b. COUNTY: PRINCE GEO

13c. CITY OR TOWN: TEMPLE HILL

13d. INSIDE CITY LIMITS? YES [X] NO [ ]

13e. STREET AND NUMBER: 5228 JOAN LANE

14. FATHER'S NAME First: Raymond Middle: Brazil Last: Talbert

15. MOTHER'S MAIDEN NAME First: Married Name Middle: Last: UNOBTAINABLE: Jennie Elizabeth TALBERT

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? [X] no, or unknown) (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.: 579070973

17. INFORMANT: HUSBAND Address: SAME AS # 13

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) CEREBRAL METASTESIS

1621

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b) BRONCHIOGENIC CARCINOMA

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

162,

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES [X] NO [ ]

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from April 19, 19 68, to May 19, 19 68, that (I) (we) last saw the deceased alive on 19 May 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE

DEGREE: ATTENDING PHYS. [ ] MED DIRECTOR [ ] STAFF PHYS. [X]

22c. DATE SIGNED: 19 May 1968

22d. PHYSICIAN'S NAME (Type): B. L. RISH, MC, USN

22e. ADDRESS: Naval Hospital, Bethesda, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 22 MAY 1968

23c. NAME OF CEMETERY OR CREMATORY: ARLINGTON NATIONAL

23d. LOCATION (City or Town) (County) (State): ARLINGTON, VA.

24. FUNERAL DIRECTOR: Simmons Bros.

ADDRESS: 1661 GOOD HOPE ROAD, S. E. WASHINGTON, D. C.

25a. REC'D BY REGISTRAR DATE: MAY 22 1968

25b. REGISTRAR'S SIGNATURE: Charles Judge

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

Items2b,13d,Film6401 6/11/68km

1. DECEASED-NAME (Type or print): First George; Middle Edward; Last Jackson, Sr.
2a. DATE OF DEATH: Month May; Day 30; Year 1968
2b. HOUR: 11:18 P.M.
3. SEX: Male
4. RACE: White
5. DATE OF BIRTH: 19 July 1916
6. AGE (In years last birthday): 51 YRS.
If under year: Months; Days. If under 24 hrs: Hours; Min.
7a. BIRTHPLACE (State or foreign country): Maryland
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Montgomery Md.
10. CITY OR TOWN OF DEATH: Bethesda
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): The Clinical Center, NIH
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Contractor
12b. KIND OF BUSINESS OR INDUSTRY: Painting
13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: Maryland
13b. COUNTY: Anne Arundel
13c. CITY OR TOWN: Saverna Park
13d. INSIDE CITY LIMITS? YES [X] NO [ ]
13e. STREET AND NUMBER: P.O. Box 32
14. FATHER'S NAME First George; Middle E.; Last Jackson
15. MOTHER'S MAIDEN NAME First Alice; Middle; Last Smith
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes give war or dates of service): 1945-1946
16b. SOCIAL SECURITY NO: 217-05-3721
17. INFORMANT: The Medical Record Address: The Clinical Center, NIH, Bethesda, Maryland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Chronic Myelogenous Leukemia in Blastic Crisis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1-1/2 years
DUE TO, OR AS A CONSEQUENCE OF (b)
DUE TO, OR AS A CONSEQUENCE OF (c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 2051
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Hyperuricemia
1. Subdural hematoma (Rt. frontal lobe); basilar pneumonia, bilateral; &/

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [X] NO [ ]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (X) (this hospital) attended the deceased from 3 November, 1967, to 30 May, 1968, that (X) (we) last saw the deceased alive on 30 May 1968, and that in (X) (our) opinion death occurred on the date and hour and from the causes stated above. (X) (we) (did) (did not) view the body after death.

22b. SIGNATURE: James J. Nordlund M.D. DEGREE — ATTENDING PHYS [ ] MED. DIRECTOR [ ] STAFF PHYS [X]
22c. DATE SIGNED: 31 May 1968
22d. PHYSICIAN'S NAME (Type): James J. Nordlund, M.D.
22e. ADDRESS: The Clinical Center, National Institutes of Health, Bethesda, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 5, 1968
23c. NAME OF CEMETERY OR CREMATORY: Glen Haven Memorial Park
23d. LOCATION (City or Town) (County) (State): Glen Burnie, Maryland
24. FUNERAL DIRECTOR: Singleton
ADDRESS: Singleton Funeral Home, Glen Burnie, Maryland
25a. REC'D BY REGISTRAR DATE: 3 1968
25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A15 (4) 30M REV 1-68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

67269

1. DECEASED-NAME (Type or print) First: Norman	Middle: Bliss	Last: Jacobs	2a. DATE OF DEATH Month: May Day: 8th Year: 1968
2b. HOUR: M	3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: Aug 17th 1883
6. AGE (In years last birthday): 84 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN	
7a. BIRTHPLACE (State or foreign country): Md	7b. CITIZEN OF WHAT COUNTRY?: U S A	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Montgomery Md
10. CITY OR TOWN OF DEATH: Gaithersburg	11. NAME OF HOSPITAL (Gaithersburg Hospital give street address): 420 E Diamond Ave Md	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired):	12b. KIND OF BUSINESS OR INDUSTRY: Retired
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md	13b. COUNTY: Montg.	13c. CITY OR TOWN: Gaithersburg	13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 420 E.Diamond Ave			
14. FATHER'S NAME First: Johnithan Jacobs	Middle:	Last:	15. MOTHER'S MAIDEN NAME First: Mary Brandenburg
Middle:	Last:		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT: Hazel J. Jones, Address: Damascus, Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 hours

DUE TO, OR AS A CONSEQUENCE OF

(b) Arteriosclerosis - Gen'l. — Many years

DUE TO, OR AS A CONSEQUENCE OF

(c)

4104

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4201

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Hemi paresis - Left.

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (this hospital) attended the deceased from 1944, 19____, to MAY 8, 1968, that (I) ~~(we)~~ lost saw the deceased alive on MAY 8 1968, and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Jack Schumacher — DEGREE: ATTENDING PHYS. ☒ MED DIRECTOR ☐ STAFF PHYS. ☐		22c. DATE SIGNED: MAY 9, 1968
22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS	

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 5-11-68	23c. NAME OF CEMETERY OR CREMATORY: Forest Oak.	23d. LOCATION (City or Town) (County) (State): Gaithersburg. Montg. Md.
24. FUNERAL DIRECTOR: Ernest C. Gartner, ADDRESS: Gaithersburg.Md. Ernest C. Gartner		25a. REC'D BY REGISTRAR DATE: MAY 13 1968	25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A15-4 30M REV 1-68

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form VM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

M

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15

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

C727A
Item #8, Film #G40 5

1. DECEASED NAME (Type or Print): First HORACE Middle ROSCOE Last JENKINS, JR.
2a. DATE OF DEATH KNOWN ☐ ESTIMATED ☒ Month 5 Day 6 Year 1968
2b. HOUR 3:00 P.M.
3. SEX: Male
4. RACE: Cauc
5. DATE OF BIRTH: 2/20/1919
6. AGE (in years last birthday): 49 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS: HOURS MIN
2c. DATE PRONOUNCED DEAD Month 5 Day 6 Year 1968
2d. HOUR 3:55 P.M.
7a. BIRTHPLACE (State or foreign country): VA.
7b. CITIZEN OF WHAT COUNTRY? U.S.A
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: Montgomery Md
10. CITY OR TOWN OF DEATH: Silver Spring
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 8611 Flower Ave.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Sales
12b. KIND OF BUSINESS OR INDUSTRY: Realty
13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: Md.
13b. COUNTY: Montgom.
13c. CITY OR TOWN: TAK. PK.
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 6500 - 4th Avenue
14. FATHER'S NAME: First Horace Middle Roscoe Last Jenkins Sr.
15. MOTHER'S MAIDEN NAME: First Marguerita Middle L. Last Lane
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes give war or dates of service)
16b. SOCIAL SECURITY NO
17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1. DEATH WAS CAUSED BY:

955X

IMMEDIATE CAUSE (a) Exsanguination due to

DUE TO, OR AS A CONSEQUENCE OF

(b) Gunshot wound in head

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Depression

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?
20. AUTOPSY? YES ☐ NO ☒
21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH
21b. TIME OF INJURY Month, Day, Year HOUR A.M. 3:00 P.M. 5-6 1968
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Death by shot self in head with rifle
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) Home
21f. LOCATION Street or R.F.D. No. 8611 Flower Ave. City or Town Silver Spring County Montg. State Md.

22a. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and in my opinion death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Belden R. Reap M.D.

EXAMINER'S NAME (Type): BELDEN R. REAP M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Town or city, county): Rockville

22b. DATE SIGNED: MAY 6, 1968

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE: May 9-1968
23c. NAME OF CEMETERY OR CREMATORY: Ft. Lincoln
23d. LOCATION (City or Town) Bladensburg Rd. (County) P. Geo. (State) Md.
24. FUNERAL DIRECTOR: Arthur Walters
ADDRESS: 254 Parrell St. Rockville
25a. REC'D BY REGISTRAR DATE MAY 8 1968
25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A15ME (5)
10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

37271

1. DECEASED NAME (Type or print): First Anna Middle Elizabeth Last Jett
2a. DATE OF DEATH: Month 5 Day 2 Year 68
2b. HOUR 6:20 M
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: 7-19-98
6. AGE (In years last birthday): 69 YRS
If under 1 year: Months / Days
If under 24 hrs: Hours / Min
7a. BIRTHPLACE (State or foreign country): Pa.
7b. CITIZEN OF WHAT COUNTRY? U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: MONTGOMERY Md.
10. CITY OR TOWN OF DEATH: Takoma Park
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Washington Sanitarium & Hosp.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Telephone Operator
12b. KIND OF BUSINESS OR INDUSTRY: Clerk Reed Hospital
13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: Md.
13b. COUNTY: Prince Georges
13c. CITY OR TOWN: Hyattsville Adelphi
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 9311 Adelphi Rd.
14. FATHER'S NAME First James Middle R. Last Fleming
15. MOTHER'S MAIDEN NAME First Ella Middle Last Cupps
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: yes
17. INFORMANT: Jay R. Jett, 9311 Adelphia Rd. Hyatts. Hospital records Leo Carnahan Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Septicemia, Meningitis
DUE TO, OR AS A CONSEQUENCE OF
(b) Urinary tract infection
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 604 X
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Arteriosclerosis, diabetes, rheumatic heart disease, pulm. edema

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from Jan., 1968, to 5-2, 1968, that (I) (we) last saw the deceased alive on 5-1 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Benne G. Bendler M.D.
DEGREE: ATTENDING PHYS. ☒ MED DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 5/2/1968
22d. PHYSICIAN'S NAME (Type): Benne G. Bendler
22e. ADDRESS: 10820 Georgia Ave. Wheaton, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 6, 1968
23c. NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery
23d. LOCATION (City or Town) (County) (State): Suitland, Maryland
24. FUNERAL DIRECTOR: Carter Funeral Home
ADDRESS: 8434 Georgia Avenue Silver Spring, Md.
Warner E. Pumphrey, Inc.
25a. REC'D BY REGISTRAR DATE: MAY 6 1968
25b. REGISTRAR'S SIGNATURE: J. Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (01)
30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

37272 .7978

1. DECEASED NAME (Type or print): First Elinor Middle M. Last Johnson
2a. DATE OF DEATH: Month May Day 12 Year 1968
2b. HOUR: 6:45 A.M.
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: 9-26-16
6. AGE (In years last birthday): 51 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Wisconsin
7b. CITIZEN OF WHAT COUNTRY? U.S.A.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Montgomery Md
10. CITY OR TOWN OF DEATH: Bethesda
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Suburban
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND
13b. COUNTY: Montgomery
13c. CITY OR TOWN: Rockville
13d. INSIDE CITY LIMITS? YES [ ] NO [ ]
13e. STREET AND NUMBER: 1001 Astor Blvd.
14. FATHER'S NAME: First Otto Middle Muenster Last
15. MOTHER'S MAIDEN NAME: First Emma Middle Last Roffing
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown: No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.:
17. INFORMANT: Gordon L. Johnson Address: same item # 13

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of Brain — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: weeks
DUE TO, OR AS A CONSEQUENCE OF
(b) Ca of face — years
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
1723

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES [ ] NO [X]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED: While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION: Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from Feb, 1968, to 5/12, 1968, that (I) (we) last saw the deceased alive on 5/11, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Paul D. Canton MD — DEGREE: ATTENDING PHYS. [X] MED DIRECTOR [ ] STAFF PHYS. [ ]
22c. DATE SIGNED: 5-12-68
22d. PHYSICIAN'S NAME (Type): Paul D. Canton
22e. ADDRESS: 4809 Montgomery Lane, Bethesda, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
23b. DATE: 5/13/68
23c. NAME OF CEMETERY OR CREMATORY: Cedar Hill
23d. LOCATION (City or Town) (County) (State): Prince George Maryland
24. FUNERAL DIRECTOR: Tyson Wheeler Funeral Home ADDRESS: 1331 Rock Pike Rockville, Md.
25a. REC'D BY REGISTRAR DATE: MAY 15 1968
25b. REGISTRAR'S SIGNATURE: Charles Judge

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

67273

1. DECEASED-NAME (Type or print): First Alan Middle Ladd Last Johnston
2a. DATE OF DEATH: Month May Day 5 Year 1968
2b. HOUR: 5:30 P.M.
3. SEX: Male
4. RACE: White
5. DATE OF BIRTH: 12-28-1907
6. AGE (In years last birthday): 60 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN
7a. BIRTHPLACE (State or foreign country): Wash., D.C.
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: Montgomery Md
10. CITY OR TOWN OF DEATH: Chevy Chase
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 3814 Leland St.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Retired
12b. KIND OF BUSINESS OR INDUSTRY: -
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Nevada
13b. COUNTY:
13c. CITY OR TOWN: Reno
13d. INSIDE CITY LIMITS? YES ☐ ? NO ☐
13e. STREET AND NUMBER: 631 California Ave.
14. FATHER'S NAME First Charles Middle H. L. Last Johnston
15. MOTHER'S MAIDEN NAME First Edith Middle Last Newlands
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 530-22-3505
17. INFORMANT: Francis Johnston, Brother, 3812 Leland St. Chevy Chase, Maryland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary heart disease -
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)

4129

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4241

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Diabetes, advanced arteriosclerosis - impaired kidneys

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from _____, 1960, to 5/3/, 1968, that (I) (we) last saw the deceased alive on 4/30/1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: [signature] DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 5/6/68
22d. PHYSICIAN'S NAME (Type): JACK KLEH M.D.
22e. ADDRESS: 915 19th ST. N.W.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-8-1968
23c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
23d. LOCATION (City or Town) (County) (State): Washington, D.C.
24. FUNERAL DIRECTOR: Joseph Gawler's Sons, Inc. ADDRESS: 5130 Wisc. Ave. N.W., Wash., D.C., 20016
25a. REC'D BY REGISTRAR DATE: MAY 10 1968
25b. REGISTRAR'S SIGNATURE: [signature]

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of the death.

VR A15 (4)
30M REV. 1/68

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5)
10M REV 1 68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

37274

1. DECEASED-NAME (Type or Print): First KENNETH Middle Last JOPPY
2a. DATE OF DEATH: KNOWN [X] ESTIMATED [ ] Month MAY Day 13 Year 19 68
2b. HOUR 11:35 A.M.
2c. DATE PRONOUNCED DEAD: Month May Day 13 Year 19 68
2d. HOUR 11:40 A.M.
3. SEX: Male
4. RACE: Col.
5. DATE OF BIRTH: 3/4/45
6. AGE (in years last birthday): 23 YRS; IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): Maryland
7b. CITIZEN OF WHAT COUNTRY?: U.S.A
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Montgomery Md
10. CITY OR TOWN OF DEATH: Bethesda
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Suburban
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Print Shop
12b. KIND OF BUSINESS OR INDUSTRY: Sentinel
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md.
13b. COUNTY: Montgomery
13c. CITY OR TOWN: Potomac
13d. INSIDE CITY LIMITS? YES [ ] NO [ ]
13e. STREET AND NUMBER: 10301 Oaklyn Dr.
14. FATHER'S NAME: First Henry Middle Joppy Last
15. MOTHER'S MAIDEN NAME: First Mildred Middle Last Davis
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO
17. INFORMANT: Bernice Joppy Sister in Law ADDRESS: Rt. # 3 Md. Gaithersburg,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART 1. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Exsanguination
DUE TO, OR AS A CONSEQUENCE OF
(b) Stab wound of Heart & Lung.
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 min —

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?
20. AUTOPSY? YES [X] NO [ ]
21a. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH
21b. TIME OF INJURY Month, Day, Year HOUR A.M. 11:15 AM May 13 1968
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, item 18): Stabbed with knife in a fight.
21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Street -
21f. LOCATION Street or R.F.D. No. North Washington St. City or Town Rockville County Montgomery Md.

22a. I certify that I took charge of the remains described above, held an Autopsy [X] Inspection [X] Inquiry [X] and in my opinion death resulted from. Natural causes [ ], Accident [ ], Suicide [ ], Homicide [X] Undetermined manner [ ]

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): John G. Ball MD
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
DEPUTY MEDICAL EXAMINER [X]
ADDRESS (Street, city, town, or county)
22b. DATE SIGNED: May 13, 1968

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 5-16-68
23c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cem.
23d. LOCATION (City or Town) (County) (State): Quince Orchard, Monty. Md.
24. FUNERAL DIRECTOR: Robert L. Snowden ADDRESS: Rockville, Md.
25a. RECD BY REGISTRAR DATE: NOV 20 1968
25b. REGISTRAR'S SIGNATURE

1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

57275

1. DECEASED-NAME (Type or print): First ELMER Middle S Last JUSTH
2a. DATE OF DEATH: Month MAY Day 26 Year 68
2b. HOUR 2:45 P.M.
3. SEX: MALE
4. RACE: White
5. DATE OF BIRTH: 12 19 1905
6. AGE (In years last birthday): 62 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN
7a. BIRTHPLACE (State or foreign country): Baltimore Md
7b. CITIZEN OF WHAT COUNTRY? U.S.A.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Montgomery Md
10. CITY OR TOWN OF DEATH: BETHESDA
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Suburban
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Salesman
12b. KIND OF BUSINESS OR INDUSTRY: Clothing Co.
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Virginia
13b. COUNTY: ✓
13c. CITY OR TOWN: FALLS CHURCH
13d. INSIDE CITY LIMITS? YES [ ] NO [ ]
13e. STREET AND NUMBER: 2826 West Great Falls Rd.
14. FATHER'S NAME: First William Middle Henry Last Justh
15. MOTHER'S MAIDEN NAME: First Kate Middle Last Collin
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: ✓ (If yes give war or dates of service)
16b. SOCIAL SECURITY NO:
17. INFORMANT: Hospital Records Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Congestive heart failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 mo.
H1N2
DUE TO, OR AS A CONSEQUENCE OF
(b) Acute myocardial infarct — 3 days
DUE TO, OR AS A CONSEQUENCE OF
(c) Recent thrombotic occlusion R. coronary artery — 3 days
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Pulmonary emphysema and chronic bronchitis
19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES [✓] NO [ ]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State
22a. I certify that (I) (this hospital) attended the deceased from 2/1/, 1955, to 5/26/, 1968, that (I) (we) last saw the deceased alive on 5/26/ 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death
22b. SIGNATURE: [signature] M.D. DEGREE — ATTENDING PHYS [✓] MED DIRECTOR [ ] STAFF PHYS. [ ]
22c. DATE SIGNED: 5/26/68
22d. PHYSICIAN'S NAME (Type)
22e. ADDRESS

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/28/68
23c. NAME OF CEMETERY OR CREMATORY: Ft Lincoln Cem
23d. LOCATION (City or Town) (County) (State): Brentwood Md
24. FUNERAL DIRECTOR: Thomas Funeral Home — WASH D.C.
ADDRESS
25a. REG'D BY REGISTRAR (DATE): MAY 31 1968
25b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 M
30M REV 1-68

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers (Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

7276

1. DECEASED-NAME (Type or print) First: Rosalind	Middle	Last: Kahn	2a. DATE OF DEATH Month: May Day: 4 Year: 1968
2b. HOUR 7:35 P.M.	3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: April 20, 1913
6. AGE (In years last birthday): 55 YRS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN	
7a. BIRTHPLACE (State or foreign country): Boston, Mass.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Montgomery Md.
10. CITY OR TOWN OF DEATH: Chevy Chase	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 7907 Rocton Avenue	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife	12b. KIND OF BUSINESS OR INDUSTRY: ---
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Montgomery	13c. CITY OR TOWN: Chevy Chase	13d. INSIDE CITY LIMITS? YES [X] NO [ ]
13e. STREET AND NUMBER: 7907 Rocton Avenue			
14. FATHER'S NAME First: Simon Hirsh Aronson	Middle	Last	15. MOTHER'S MAIDEN NAME First: Jeanette Cohen Middle / Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: -- (If yes give war or dates of service)	16b. SOCIAL SECURITY NO	17. INFORMANT: Husband	Address: Benjamin M. Kahn-7907 Rocton Avenue

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cessation Respiration	5 min.
DUE TO, OR AS A CONSEQUENCE OF (b)	Metastatic Cancer	1 yr.
DUE TO, OR AS A CONSEQUENCE OF (c)	Cancer Breast	8 yrs.

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (this hospital) attended the deceased from 1959, 19__, to May 4, 19 68, that (I) (~~we~~) last saw the deceased alive on May 4 19 68 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: Milton Gusack	DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED: May 4, 1968
22d. PHYSICIAN'S NAME (Type): Milton Gusack, M.D.	22e. ADDRESS: 1100-22nd St., NW, Wash. DC 20037	

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 5-6-68	23c. NAME OF CEMETERY OR CREMATORY: King David Memorial Garden	23d. LOCATION (City or Town) (County) (State): Falls Church, Va.
24. FUNERAL DIRECTOR: Bernard Danzansky & Sons	ADDRESS: Washington DC	25a. REC'D BY REGISTRAR DATE: MAY 8 1968	25b. REGISTRAR'S SIGNATURE: Charles Judge

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

3271

1. DECEASED-NAME (Type or print): First VERNON Middle B Last KELLEY
2a. DATE OF DEATH: Month MAY Day 20 Year 1968
2b. HOUR: 10 A.M.
3. SEX: MALE
4. RACE: WHITE
5. DATE OF BIRTH: 4/3/16
6. AGE (In years last birthday): 52 YRS. (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min)
7a. BIRTHPLACE (State or foreign country): W. VA.
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: MONTGOMERY Md
10. CITY OR TOWN OF DEATH: BETHESDA
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): SUBURBAN
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): CLERK
12b. KIND OF BUSINESS OR INDUSTRY: SAFEWAY
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: MARYLAND
13b. COUNTY: MONTGOMERY
13c. CITY OR TOWN: ROCKVILLE
13d. INSIDE CITY LIMITS? YES [ ] NO [ ]
13e. STREET AND NUMBER: 622 LINCOLN ST
14. FATHER'S NAME First HICKMAN Middle T. Last KELLEY
15. MOTHER'S MAIDEN NAME First MARGARET Middle ALLENDER Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.
17. INFORMANT: HAZEL KELLEY - WIFE Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1 DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Bronchopneumonia, bilateral — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 week
DUE TO, OR AS A CONSEQUENCE OF
(b) Liver cirrhosis, Laennec's type, advanced
DUE TO, OR AS A CONSEQUENCE OF
(c)
5110
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [XX] NO [ ]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 5/3, 1968 to 5/20, 1968, that (I) (we) last saw the deceased alive on 5/20 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Sidney J. Malawer M.D. DEGREE — ATTENDING PHYS [X] MED. DIRECTOR [ ] STAFF PHYS [ ]
22c. DATE SIGNED
22d. PHYSICIAN'S NAME (Type): SIDNEY MALAWER
22e. ADDRESS

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 23, 68
23c. NAME OF CEMETERY OR CREMATORY: Parsons Cemetery
23d. LOCATION (City or Town) (County) (State): Parsons West Virginia
24. FUNERAL DIRECTOR: W. K. Huntemann ADDRESS: W. K. Huntemann 5732 Georgia Ave N.W. Washington
25a. REC'D BY REGISTRAR DATE: MAY 23 1968
25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper (pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers (page 2) and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

67275

1. DECEASED-NAME (Type or print) First: Myrl	Middle: NMN	Last: KINDER	2a. DATE OF DEATH Month: May Day: 7 Year: 1968
2b. HOUR: 1008 AM	3. SEX: Male	4. RACE: Caucasian	5. DATE OF BIRTH: 28 APR 1916
6. AGE (In years last birthday): 52 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country): Nebraska	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒	9. COUNTY OF DEATH: Montgomery Md.
10. CITY OR TOWN OF DEATH: Bethesda	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Naval Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Military	12b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: WDC	13b. COUNTY	13c. CITY OR TOWN: Washington	13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 4335 4th St. S.E. Apt #8			
14. FATHER'S NAME First: John	Middle	Last: Cooper	15. MOTHER'S MAIDEN NAME First: Unknown Middle: Last:
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): Yes	(If yes give war or dates of service): Unknown	16b. SOCIAL SECURITY NO: 524-141-530	17. INFORMANT: Service Record: Naval Reserve Manpower Center, Bainbridge, Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchiogenic Carcinoma with widespread metastasis.
DUE TO, OR AS A CONSEQUENCE OF (b)
DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 162.1

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
162.

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. **I certify** that (I) (this hospital) attended the deceased from ~~14 FEB~~ 68, 19__, to May, 1968, that (I) (we) last saw the deceased alive on 7 May 1968, 19__, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: L.W. Raymond M.D. DEGREE	ATTENDING PHYS ☐ MED DIRECTOR ☐ STAFF PHYS ☒	22c. DATE SIGNED: 9 May 1968
22d. PHYSICIAN'S NAME (Type): L.W. RAYMOND	22e. ADDRESS: Naval Hospital, Bethesda, Md.	

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 5-13-68	23c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery	23d. LOCATION (City or Town) (County) (State): Colorado Springs, Colorado
24. FUNERAL DIRECTOR: Falls Church Funeral Home	ADDRESS: 1102 W. Broad St. Falls Church, Va.	25a. REC'D BY REGISTRAR DATE: MAY 13 1968	25b. REGISTRAR'S SIGNATURE: [illegible] Judge

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

7279

1 DECEASED-NAME (Type or print): First WILLIAM Middle HENRY Last KNIGHT

2a DATE OF DEATH: Month MAY Day 10 Year 68

2b HOUR: 4 50 PM

3 SEX: MALE

4 RACE: CAUC

5 DATE OF BIRTH: 8/9/88

6 AGE (In years last birthday): 79 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN.

7a BIRTHPLACE (State or foreign country): MARYLAND

7b. CITIZEN OF WHAT COUNTRY? USA

8 MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. COUNTY OF DEATH: MONTGOMERY Md

10 CITY OR TOWN OF DEATH: SILVER SPRING.

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): FAIRLAND NURSING HOME

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): FARMER & NIGHTWATCHMEN

12b KIND OF BUSINESS OR INDUSTRY

13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE MD.

13b COUNTY MONT.

13c CITY OR TOWN ASHTON

13d INSIDE CITY LIMITS? YES ☑ NO ☐

13e STREET AND NUMBER 17742 NEW HAMP AVE

14. FATHER'S NAME First EDWARD Middle Last KNIGHT

15. MOTHER'S MAIDEN NAME First Martha Middle / Last Burris

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown (If yes give war or dates of service)

16b SOCIAL SECURITY NO. 220-30-0766

17. INFORMANT: HOSP. CHART. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Bronchopneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF (b) Uremia — 2wk

DUE TO, OR AS A CONSEQUENCE OF (c) Arteriosclerotic CV-Renal Dsease — Yrs

1120 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

44 X

19a DATE OF OPERATION

19b CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO ☑

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 5/7/68, 19__, to 5/10/68, 19__, that (I) (we) last saw the deceased alive on 5/7/68, 19__, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b SIGNATURE [signature] DEGREE ATTENDING PHYS. ☒ MED DIRECTOR ☐ STAFF PHYS. ☐

22c DATE SIGNED 5/10/68

22d PHYSICIAN'S NAME (Type) C. H. Ligon

22e. ADDRESS Sandy Spring, Md.

23a BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 5-13-68

23c NAME OF CEMETERY OR CREMATORY Gate of Heaven

23d LOCATION (City or Town) (County) (State) Silver Spring Mont. Md.

24 FUNERAL DIRECTOR Francis H. Barber ADDRESS Laytonsville, Md.

25a. REC'D BY REGISTRAR DATE MAY 16 1968

25b. REGISTRAR'S SIGNATURE [signature]

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that this death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers (Pages 1 and 2) and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A13 (74) 30M REV. 11-68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

57280

1. DECEASED NAME (Type or print) First: Jane Middle: U. Last: Knowles.	2a. DATE OF DEATH Month: May Day: 13 Year: 68	2b. HOUR 8:00 A.M.	
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: Aug. 30, 1894	6. AGE (In years last birthday) 73 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN
7a. BIRTHPLACE (State or foreign country): Washington D.C.	7b. CITIZEN OF WHAT COUNTRY? U. S. A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Montgomery Md
10. CITY OR TOWN OF DEATH: Bethesda	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Sta burban	12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired.) Retired	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md.	13b. COUNTY: Charles	13c. CITY OR TOWN: Waldorf	13d. INSIDE CITY LIMITS? YES ☐ NO ☐ — 13e. STREET AND NUMBER: R.F.D. 3 - Box 526 C.
14. FATHER'S NAME First: George Middle: W. Last: Wilding	15. MOTHER'S MAIDEN NAME First: Jane Middle: Goddard. Last:		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes give war or dates of service) No.	16b. SOCIAL SECURITY NO. 579-05-7833	17. INFORMANT: Marcus L. Klewer Address: Same As Above.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Peritonitis, fibrinous — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.
DUE TO, OR AS A CONSEQUENCE OF (b) mesenteric thrombosis with infarction, small and large bowel
DUE TO, OR AS A CONSEQUENCE OF (c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
4 + 4.2

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
570.2 Cerebral infarction, old, right

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (this hospital) attended the deceased from May 13, 1968, to May 13, 1968, that (I) (we) last saw the deceased alive on May 13 1968, and that to (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: J. Roscoe Creer M.D. DEGREE — ATTENDING PHYS. ☐ MED DIRECTOR ☐ STAFF PHYS. ☒	22c. DATE SIGNED: 5-14-68		
22d. PHYSICIAN'S NAME (Type): J. Roscoe Creer	22e. ADDRESS: 1800 Eye St. N.W. Wash. D.C. 20006		
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 5-16-68	23c. NAME OF CEMETERY OR CREMATORY: Arlington Natl Cem.	23d. LOCATION (City or Town) (County) (State): Arlington, Virginia
24. FUNERAL DIRECTOR: ROBERT A. PUMPHREY, Bethesda, Maryland	ADDRESS	25a. RECEIVED BY REGISTRAR DATE: MAY 17 1968	25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 4 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of the death.

VR A15 (4)
30M REV 1/68

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMS Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Five pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 DECEASED NAME (Type or Print) First: Gilbert Middle: J. Last: KOLDEWEY

2a DATE KNOWN OF DEATH ESTIMATED ☒ Month 5 Day 30 Year 1968 — 2b HOUR M

3 SEX: M — 4 RACE: Caucasian — 5 DATE OF BIRTH: 17 May 1917 — 6 AGE (In years last birthday): 51 YRS. — If UNDER 1 YEAR: MONTHS, DAYS — If UNDER 24 HRS.: HOURS, MIN

2c. DATE PRONOUNCED DEAD Month 5 Day 30 Year 1968 — 2d HOUR 3:40 P.M.

7a BIRTHPLACE (State or foreign country): Baltimore, Md. — 7b CITIZEN OF WHAT COUNTRY? U.S.A. — 8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ — 9 COUNTY OF DEATH: Montgomery Md.

10 CITY OR TOWN OF DEATH: Silver Spring — 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 8021 Piney Br. Rd. — 12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Tavern Owner Retired — 12b. KIND OF BUSINESS OR INDUSTRY: - -

13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Fla. — 13b COUNTY: Dade — 13c. CITY OR TOWN: N. Miami — 13d. INSIDE CITY LIMITS? YES ☒ NO ☐ — 13e. STREET AND NUMBER: 1175 N.E. 183rd Street

14 FATHER'S NAME First: Theodore Middle: - A - Last: Koldewey — 15 MOTHER'S MAIDEN NAME First: Anne Middle: - - - Last: Astendorf

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes give war or dates of service) — 16b SOCIAL SECURITY NO: 215-09-5842 — 17 INFORMANT: Mrs. Frances Koldewey — ADDRESS: 1175 N.E. 183rd St. Mia

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1 DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Acute Cor[illegible] [illegible]t failure

DUE TO, OR AS A CONSEQUENCE OF

(b) Arterio cl r tic heart i ease

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — 129 — 424

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Cirrhosis of liver; Diabetes Mellitus

19a DATE OF OPERATION — 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? — 20. AUTOPSY? YES ☒ NO ☐

21a EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH — 21b TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19 — 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21e PLACE OF INJURY (At home, farm, street, factory office building, etc.) — 21f LOCATION Street or R.F.D. No. City or Town County State

22a I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Belden R. Reap M.D. — CHIEF MEDICAL EXAMINER ☐ — ASSISTANT MEDICAL EXAMINER ☐ — DEPUTY MEDICAL EXAMINER ☒

EXAMINER'S NAME (Type): BELDEN R. REAP M.D. Wheaton (Address (Street, town or county)) — 22b DATE SIGNED: MAY 30, 1968

23a BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b DATE: June 3, 1968 — 23c. NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery — 23d LOCATION (City or Town) (County) (State): Baltimore Maryland

24 FUNERAL DIRECTOR: C. Glen Carter — ADDRESS: Warner E. Pumphrey Inc. 8434 Georgia Ave. S.S. — 25a. REC'D BY REGISTRAR DATE JUN 5 1968 — 25b REGISTRAR'S SIGNATURE: Charles Judge

VR A15ME (5) 10M REV 1-68

1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

.7282 28A

1. DECEASED-NAME (Type or print): First Helen Middle S. Last Kriss
2a. DATE OF DEATH: Month May Day 1 Year 68
2b. HOUR 12:20 PM
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: 7-19-02
6. AGE (In years last birthday) 65 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): New York
7b. CITIZEN OF WHAT COUNTRY? USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Montgomery Md
10. CITY OR TOWN OF DEATH: Takoma Park
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Washington Sanitarium & Hospital
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Clerk - Dept. of Defense
12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland
13b. COUNTY: Montgomery
13c. CITY OR TOWN: Takoma Park
13d. INSIDE CITY LIMITS? YES ☐ NO ☐
13e. STREET AND NUMBER: 51 Walnut Avenue
14. FATHER'S NAME First John Middle Last Sauve
15. MOTHER'S MAIDEN NAME First Nellie Middle Last Sweeney
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO 111-03-4627
17. INFORMANT: Records - Washington Sanitarium & Hospital Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. (Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Multiple Pulmonary Embolism	1 day
DUE TO, OR AS A CONSEQUENCE OF (b)	Acute Intestinal Hem. - Gastric Erosion	9 days
DUE TO, OR AS A CONSEQUENCE OF (c)	Hypertensive Arteriosclerotic Heart Disease	16 yrs

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Diabetes Mellitus - 22 years

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from 1/28, 1968 to 5/1, 1968, that (I) (we) last saw the deceased alive on 5/1 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Howard T Morse DEGREE ATTENDING PHYS. ☒ MED DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED 5/1/68
22d. PHYSICIAN'S NAME (Type) Howard T Morse
22e. ADDRESS 203c Carroll Ave Takoma Park Md

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE May 4 1968
23c. NAME OF CEMETERY OR CREMATORY Date of Heaven Cemetery
23d. LOCATION (City or Town) (County) (State) Mt. Pleasant, New York
24. FUNERAL DIRECTOR Mother Waters Washington Funeral Home ADDRESS 2421 Georgia Ave N.W. STATE
25a. RECD BY REGISTRAR DATE MAY 6 1968
25b. REGISTRAR'S SIGNATURE Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper (pages 2 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 30M REV 1/68

1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

37282

1. DECEASED-NAME (Type or print) First: Robert Middle: Herman Last: Kruhm	2a. DATE OF DEATH Month: May Day: 2 Year: 1968	2b. HOUR 5:30 P.M.	
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: 11/18/85	6. AGE (In years last birthday) 82 YRS. IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS.: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Montgomery Md.
10. CITY OR TOWN OF DEATH: Olney	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Montgomery Gen. Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): farmer	12b. KIND OF BUSINESS OR INDUSTRY: farming
13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: Maryland	13b. COUNTY: Montgomery	13c. CITY OR TOWN: Burtonsville	13d. INSIDE CITY LIMITS? YES ☐ NO ☒ 13e. STREET AND NUMBER: 16011 Oursler Road
14. FATHER'S NAME First: Henry Middle: Last: Kruhm	15. MOTHER'S MAIDEN NAME First: Mary Middle: Last: Igar		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 217367617	17. INFORMANT: records Address: Montgomery Gen. Hospital, Olney, Md.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) HEMOPERICARDIUM — TERMINAL

DUE TO, OR AS A CONSEQUENCE OF (b) RUPTURED ASCEND. AORTA — SUDDEN

DUE TO, OR AS A CONSEQUENCE OF (c) ARTERIOSCLEROTIC ANEURYSM

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (this hospital) attended the deceased from August, 1965, to May 2, 1968, that (I) (we) last saw the deceased alive on May 2, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Donald R. Lewis M.D. DEGREE — ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐ — 22c. DATE SIGNED: May 3, 68

22d. PHYSICIAN'S NAME (Type): Donald R. Lewis, M. D. — 22e. ADDRESS: 700 Cloverly st., Silver Spring, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 5-5-68	23c. NAME OF CEMETERY OR CREMATORY: Kingsview Cem.	23d. LOCATION (City or Town) (County) (State): Burtonsville Md
24a. FUNERAL DIRECTOR: W. W. Goodhart Laurel Md.	ADDRESS	25a. REC'D BY REGISTRAR DATE MAY 8 1968	25b. REGISTRAR'S SIGNATURE: Charles Yingst

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be completed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

37284

1 DECEASED-NAME (Type or print): First Bessie Middle E Last Lamkin

2a. DATE OF DEATH: Month 5 Day 9 Year 68

2b. HOUR: 6 05 P.M.

3. SEX: Female

4. RACE: Wh.

5. DATE OF BIRTH: 6/21/85

6. AGE (In years last birthday): 82 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN.

7a. BIRTHPLACE (State or foreign country): Md.

7b. CITIZEN OF WHAT COUNTRY? U.S.

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

9. COUNTY OF DEATH: Montgomery Md.

10. CITY OR TOWN OF DEATH: Silver Spring

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Holy Cross Hospital

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife

12b. KIND OF BUSINESS OR INDUSTRY: Own Home

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md.

13b. COUNTY: Montg.

13c. CITY OR TOWN: Wheaton

13d. INSIDE CITY LIMITS? YES ☑ NO ☐

13e. STREET AND NUMBER: 1800 Franwall Ave.

14. FATHER'S NAME First Martin Middle Last Stang

15. MOTHER'S MAIDEN NAME First Elizabeth Middle Last Carter

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes give war or dates of service)

16b. SOCIAL SECURITY NO. 213-44-6288

17. INFORMANT: Mrs. Rita Miller, 1803 Franwall Avenue, Wheaton, Maryland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) BRAIN STEM compression
DUE TO, OR AS A CONSEQUENCE OF
(b) Cerebral infarction — 5 days
DUE TO, OR AS A CONSEQUENCE OF
(c) Possible intracranial bleeding — 5 days

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last 443 x

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): HYPERTENSIVE cardio-vascular DISEASE

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO ☑

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month 5 Day 4 Year 68

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18): Fall striking head after stroke

21d. INJURY OCCURRED While at work ☐ Not while at work ☑

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.): Home

21f. LOCATION Street or R.F.D. No. 13E (above) City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 5/4, 1968, to 5/9, 1968, that (I) (we) last saw the deceased alive on 5/9, 1968 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: John Lordum

DEGREE: ATTENDING PHYS. ☑ MED DIRECTOR ☐ STAFF PHYS. ☐

22c. DATE SIGNED: 5/10/68

22d. PHYSICIAN'S NAME (Type): JOHN THOMAS LORD

22e. ADDRESS: 1015 Spring St. Silver Spring, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5-13-68

23c. NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery

23d. LOCATION (City or Town) (County) (State): Prince George Co., Maryland

24. FUNERAL DIRECTOR: John W. Lee 8434 Georgia Avenue

ADDRESS: Warner E. Pumphrey, Inc. Silver Spring, Md.

25a. REC'D BY REGISTRAR DATE: MAY 15 1968

25b. REGISTRAR'S SIGNATURE: J. Charles Judge

Cleared with Medical Examiner 5/16

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VS-4-18 (4) 30M REV 1/68

37285

Item#8, FilmG401 6/3/68km

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon (pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print): First: Sally; Middle: Elizabeth; Last: Lapole

2a. DATE OF DEATH: Month May, Day 26, Year 1968

2b. HOUR: 5:30 P.M.

3. SEX: Female

4. RACE: White

5. DATE OF BIRTH: January 5, 1893

6. AGE (In years last birthday): 76 YRS; IF UNDER 1 YEAR: MONTHS 4, DAYS 21; IF UNDER 24 HRS.: HOURS, MIN

7a. BIRTHPLACE (State or foreign country): U.S.A.

7b. CITIZEN OF WHAT COUNTRY?: U.S.A.

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. COUNTY OF DEATH: Montgomery Md.

10. CITY OR TOWN OF DEATH: Kensington

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Kensington Garden Sanitarium

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife

12b. KIND OF BUSINESS OR INDUSTRY: Own Home

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.

13b. COUNTY: Washington

13c. CITY OR TOWN: Hagerstown

13d. INSIDE CITY LIMITS? YES ☒ NO ☐

13e. STREET AND NUMBER: 213 Willard St.

14. FATHER'S NAME: First John; Middle; Last Churchey

15. MOTHER'S MAIDEN NAME: First Irene; Middle; Last Kendle

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Unknown

(If yes give war or dates of service): No.

16b. SOCIAL SECURITY NO: 220-09-7446-J

17. INFORMANT: Norman Lapole

Address: 222 Geiser Ave. Waynesboro, Pa.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Bronchopneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO, OR AS A CONSEQUENCE OF (b): Cerebral Hemorrhage — 7 days

DUE TO, OR AS A CONSEQUENCE OF (c):

Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Uremia

19a. DATE OF OPERATION: none

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: none

20a. AUTOPSY? YES ☐ NO ☒

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? none

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner): none

21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19 none

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.): none

21d. INJURY OCCURRED: While at work ☐ Not while at work ☒

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC.): none

21f. LOCATION: Street or R.F.D. No. none; City or Town; County; State

22a. I certify that (I) (this hospital) attended the deceased from January, 1968, to May 26, 1968, that (I) ~~(we)~~ last saw the deceased alive on May 26, 1968, and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) ~~(did not)~~ view the body after death.

22b. SIGNATURE: James M. Loftus M.D. DEGREE

ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐

22c. DATE SIGNED: May 26, 1968

22d. PHYSICIAN'S NAME (Type): James M. Loftus

22e. ADDRESS:

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5-29-68

23c. NAME OF CEMETERY OR CREMATORY: Benevola Cemetery

23d. LOCATION (City or Town) (County) (State): Benevola, Wash. Co., Md.

24. FUNERAL DIRECTOR: John H. Bast, Jr.

ADDRESS: 112 N. Main St. Boonsboro, Md

25a. REC'D BY REGISTRAR DATE: MAY 31 1968

25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A15 (4) 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

32286

1 DECEASED NAME (Type or print): First Baby; Middle Boy; Last Larman

2a. DATE OF DEATH: Month May; Day 1; Year 68

2b. HOUR: M

3. SEX: Male

4. RACE: White

5 DATE OF BIRTH: May 1, 68

6 AGE (In years last birthday) 2 YRS.; IF UNDER 1 YEAR: MONTHS; DAYS; IF UNDER 24 HRS.: HOURS 2; MIN. 25

7a. BIRTHPLACE (State or foreign country): Montgomery

7b. CITIZEN OF WHAT COUNTRY? USA

8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. COUNTY OF DEATH: Montgomery Md.

10. CITY OR TOWN OF DEATH: Olney

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Montgomery General Hospital

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired)

12b KIND OF BUSINESS OR INDUSTRY

13a U.S.A. RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland

13b COUNTY: Frederick

13c. CITY OR TOWN: Mt Airy

13d INSIDE CITY LIMITS? YES ☐ NO ☐

13e STREET AND NUMBER: Rt.1 Woodville Road

14. FATHER'S NAME First: Harry; Middle: S.; Last: Larman

15. MOTHER'S MAIDEN NAME First: Gladys; Middle: Marion; Last: Giles

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)

16b SOCIAL SECURITY NO

17 INFORMANT: Montgomery General Hospital Address: Olney, Md.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Prematurity — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 hour

DUE TO, OR AS A CONSEQUENCE OF (b) Maternal influenza temp 105.4° — 1 day

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

None

19a. DATE OF OPERATION

19b CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? YES ☐ NO ☑

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 5/1, 1968 to 5/1, 1968, that (I) (we) last saw the deceased alive on 5/1, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b SIGNATURE: James P. Kerr

DEGREE: ATTENDING PHYS ☑ MED DIRECTOR ☐ STAFF PHYS ☐

22c DATE SIGNED: 5/1/68

22d PHYSICIAN'S NAME (Type): Dr. James P. Kerr

22e. ADDRESS

23a BURIAL, CREMATION, REMOVAL (Specify): Burial

23b DATE: 5/4/68

23c NAME OF CEMETERY OR CREMATORY: Boyds Presbyterian

23d. LOCATION (City or Town) (County) (State): Boyds Montg. Md.

24 FUNERAL DIRECTOR: William B. Hilton

ADDRESS: Barnesville, Md.

25a. REC'D BY REGISTRAR DATE: MAY 6 1968

25b. REGISTRAR'S SIGNATURE: J. Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

.728 Item 5 Film G400 293

CERTIFICATE OF DEATH

1 DECEASED-NAME (Type or print) First: Marshall Middle: E. Lost: Larman	2a. DATE OF DEATH Month: May Day: 3 Year: 1968	2b. HOUR 4:00 P.M.	
3 SEX: Male	4 RACE: White	5 DATE OF BIRTH: 1/21/1912 FINEVIEW	6 AGE (If years last birthday) 56 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / M.N.
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9 COUNTY OF DEATH: Montgomery Md.
10 CITY OR TOWN OF DEATH: Bethesda	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Suburban	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Construction	12b. KIND OF BUSINESS OR INDUSTRY: State road
13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Montgomery	13c CITY OR TOWN: Bonds.	13d INSIDE CITY LIMITS? YES ☐ NO ☐ 13e STREET AND NUMBER: Box 256
14 FATHER'S NAME First: Henry Middle: Lorman Last:	15 MOTHER'S MAIDEN NAME First: Annie Middle: Hoffner Last:		
16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): No (If yes give war or dates of service)	16b SOCIAL SECURITY NO: 577-10-4449	17 INFORMANT: Edna Lorman	Address: Same

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pulmonary edema, marked, bilateral

DUE TO, OR AS A CONSEQUENCE OF

(b) Liver cirrhosis

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION	19b CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? YES ☑ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes
21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d INJURY OCCURRED While at work ☐ Not while at work ☐	21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No City or Town County State	

22a I certify that (I) (this hospital) attended the deceased from May 3, 1968, to May 3, 1968, that (I) (we) last saw the deceased alive on May 3 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b SIGNATURE: Sidney J. Malamed, M.D.	DEGREE	ATTENDING PHYS. ☑ MED DIRECTOR ☐ STAFF PHYS. ☐	22c DATE SIGNED: 5/4/68
22d PHYSICIAN'S NAME (Type)		22e ADDRESS	

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b DATE: 5/6/68	23c NAME OF CEMETERY OR CREMATORY: Boyds Presbyterian	23d. LOCATION (City or Town): Boyds	(County): Montg. (State): Md.
24. FUNERAL DIRECTOR: Wallace C. Helt	ADDRESS: Barnesville Md.	25a REC'D BY REGISTRAR DATE: MAY 7 1968	25b. REGISTRAR'S SIGNATURE: Charles Judge	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A19 (4)
30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

32288

1 DECEASED NAME (Type or print) First: PAUL	Middle: ELSASS	Last: LAUTENSCHLAGER	2a DATE OF DEATH: 5 Month 10 Day 68 Year
2b HOUR: 8:05A M			
3. SEX: MALE	4. RACE: WHITE	5 DATE OF BIRTH: 6-6-02	6 AGE (in years last birthday): 65 YRS
IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN		
7a. BIRTHPLACE (State or foreign country): OHIO	7b CITIZEN OF WHAT COUNTRY? USA	8 MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: MONTGOMERY Md.
10. CITY OR TOWN OF DEATH: OLNEY	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): MONTGOMERY GENERAL	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): RETIRED	12b KIND OF BUSINESS OR INDUSTRY: PASTOR
13a USUAL RESIDENCE (Where deceased lived, if not at Residence before admission) STATE: MARYLAND	13b COUNTY: HOWARD	13c CITY OR TOWN: GLENWOOD	13d INSIDE CITY LIMITS? YES [ ] NO [X]
13e STREET AND NUMBER: BURNT WOODS ROAD			
14 FATHER'S NAME First: CHARLES	Middle: J.	Last: LAUTENSCHLAGER	15 MOTHER'S MAIDEN NAME First: EMMA
Middle: -	Last: ELSASS		
16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): NO	(If yes give war or dates of service)	16b SOCIAL SECURITY NO: 237-64-3462	17 INFORMANT: MEDICAL RECORD DEPT. Address

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary thrombosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 days

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 409 4271

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Chronic pulmonary emphysema

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [X] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY OFFICE BUILDING, ETC)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (~~this~~ medical) attended the deceased from July 19, 1967, to May 10, 1968, that (I) (~~we~~) last saw the deceased alive on May 9 1968, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~do~~) view the body after death.

22b SIGNATURE: Charles S. Whitaker, M.D. DEGREE	ATTENDING PHYS [X] MED DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED: May 11, 1968	
22d. PHYSICIAN'S NAME (Type): CHARLES S. WHITAKER, M. D.	22e. ADDRESS: CLARKSVILLE, MD.		
23a BURIAL, CREMATION, REMOVAL (Specify): Burial	23b DATE: 5-14-68	23c NAME OF CEMETERY OR CREMATORY: St Johns Lutheran	23d LOCATION (City or Town): Ellicott City (County): Howard (State): Md
24. FUNERAL DIRECTOR: Higinbotham-Slack	ADDRESS: Ellicott City, Md.	25a REC'D BY REGISTRAR DATE: MAY 21 1968	25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 N.
30M REV 1/68

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 2 and 4 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

37289

1. DECEASED NAME (Type or print): First GLADYS; Middle MASON; Last LAWHORN
2a. DATE OF DEATH: Month MAY; Day 22; Year 1968
2b. HOUR: 3:40 A.M.
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: Oct. 29, 1883
6. AGE (In years last birthday): 84 YRS. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
7a. BIRTHPLACE (State or foreign country): Lowell Ohio
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: MONTGOMERY Md.
10. CITY OR TOWN OF DEATH: BETHESDA
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Suburban Hosp.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: MARYLAND
13b. COUNTY: Montgomery
13c. CITY OR TOWN: Chevy Chase
13d. INSIDE CITY LIMITS? YES [ ] NO [ ]
13e. STREET AND NUMBER: 6809 Georgia St.
14. FATHER'S NAME: First Joseph; Middle M.; Last Mason
15. MOTHER'S MAIDEN NAME: First Elg. Evadne; Middle; Last Caldwell
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO
17. INFORMANT: Husband - Hubert Lawhorn; Address: Same address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1 DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Myocardial infarction, recent & old, left ventricular wall & interventricular septum
DUE TO, OR AS A CONSEQUENCE OF
(b) Coronary arteriosclerosis, severe
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 days

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [ ] NO [ ]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 8)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY OFFICE BUILDING, ETC)
21f. LOCATION Street or R.F.D. No; City or Town; County; State

22a. I certify that (I) (this hospital) attended the deceased from MAY 21, 1968, to MAY 22, 1968, that (I) (we) last saw the deceased alive on MAY 22 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above ( ) (we) (did) (did not) view the body after death

22b. SIGNATURE: Robert C. Daddario M.D. DEGREE
ATTENDING PHYS [X] MED DIRECTOR [ ] STAFF PHYS [ ]
22c. DATE SIGNED: 5/22/68
22d. PHYSICIAN'S NAME (Type): ROBERT C. DADDARIO
22e. ADDRESS: 5413 CEDAR LANE BETHESDA

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 5-24-1968
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City or Town) (County) (State): Columbus, Ohio
24. FUNERAL DIRECTOR: Joseph Gawler's Sons, Inc.
ADDRESS: 5100 Wisc. Ave. N.W., Wash, D.C., 20016
25a. REC'D BY REGISTRAR DATE MAY 24 1968
25b. REGISTRAR'S SIGNATURE: J. Charles Judge

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY: Montgomery MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda
c. LENGTH OF STAY IN 1b: Years
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: 4977 Battery Lane

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Md. b. COUNTY: Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda
d. STREET ADDRESS: 4977 Battery Lane
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First HOWARD Middle WATSON Last LEESE
4. DATE OF DEATH: Month MAY Day 6, Year 19 68
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: April 26, 1900
9. AGE (In years last birthday): 68 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: N/A
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Henry Watson Leese
14. MOTHER'S MAIDEN NAME: Jennie C. Luckett
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 578-58-0676
17. INFORMANT: Watson K. Leese, Son, 8915 Seneca Lane, Bethesda, Md. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction, acute — INTERVAL BETWEEN ONSET AND DEATH: 2 min.

DUE TO

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Coronary arteriosclerosis severe — 13 yrs

DUE TO (c) Hypertension, Severe — 15 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Coronary Occlusion 1955 & 1958. Four massive attacks. Myocardial Failure

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year 19
20d. INJURY OCCURRED While at work ☐ Not while at work ☐
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) (County) (State)

21. I certify that I attended the deceased from ____, 19 52, to May 6, 19 68, that I last saw the deceased alive on May 6, 19 68, and that death occurred at 6:45 p. M, from the causes and on the date stated above.

ACTUAL SIGNATURE: Stewart Clapp M.D. ADDRESS (Street, city or town, state): 4746 Chevy Chase Dr. DATE SIGNED: 5/6/68

PHYSICIAN'S NAME (Type): Stewart Clapp MD Chevy Chase, Md.

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial
22b. DATE THEREOF: 5/9/68
22c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
22d. LOCATION (City, town, or county) (State): Frederick, Maryland

23. FUNERAL DIRECTOR'S SIGNATURE: Jos. Gawler's Sons ADDRESS: 5130 Wisconsin Ave, N.W. Washington, D.C.
24a. REC'D BY REGISTRAR DATE MAY 10 1968
24b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by funeral director page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

37291 — 37297

1 DECEASED NAME (Type or print) First: ROBERTA Middle: S. Last: LEIBERT		2a. DATE OF DEATH Month 5 Day 21 Year 68	2b. HOUR 9:40 P.M.
3 SEX: F	4 RACE: W	5 DATE OF BIRTH: 6/12/80	6 AGE (in years last birthday): 87 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS: HOURS, MIN
7a. BIRTHPLACE (State or foreign country): Washington D.C.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A	8 MARITAL STATUS: ~~MARRIED~~ ~~NEVER MARRIED~~ WIDOWED [X] ~~DIVORCED~~	9. COUNTY OF DEATH: MONTGOMERY Md.
10 CITY OR TOWN OF DEATH: SILVER SPRING	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): HOLY CROSS HOSP.	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): HOUSEWIFE	12b KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: ~~XXX~~	13b. COUNTY: ✓	13c CITY OR TOWN: WASHINGTON DC	13d. INSIDE CITY LIMITS? YES [X] NO [ ] — 13e. STREET AND NUMBER: 5013 14th St. N.W.
14. FATHER'S NAME First: Alexander Middle: S. Last: Somervelle		15. MOTHER'S MAIDEN NAME First: Maria Middle: Louisa Last: West	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown): NK (If yes give war or dates of service)	16b. SOCIAL SECURITY NO: 557-05-0821	17 INFORMANT: A. Ross B. Zartman Address: 4111 Mitscher Ct. Kensington, MD	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Heart failure
DUE TO, OR AS A CONSEQUENCE OF
(b) [illegible]
DUE TO, OR AS A CONSEQUENCE OF
(c) Arteriosclerotic Heart Disease

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? YES [ ] NO [X]	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While [ ] at work Not while [ ] at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) ~~(this hospital)~~ attended the deceased from _____, 19 68, to May 21, 19 68, that (I) ~~(we)~~ last saw the deceased alive on May 21 19 68, and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we)~~ ~~(did)~~ (did not) view the body after death.

22b SIGNATURE: Edward J. Richards DEGREE	ATTENDING PHYS [X] MED DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED: 5-22-68
22d. PHYSICIAN'S NAME (Type): Edward J. Richards	22e. ADDRESS: 10110 Georgia Avenue Silver Spring, Md.	
23a BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: May 24, 1968 — 23c NAME OF CEMETERY OR CREMATORY: Glenwood Cemetery	23d LOCATION (City or Town) (County) (State): Washington, D. C.
24 FUNERAL DIRECTOR: The S.H. Hines Co.	ADDRESS: 2901-14th St. N.W.	25a REC'D BY REGISTRAR DATE: MAY 24 1968 — 25b REGISTRAR'S SIGNATURE: Charles Judge

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

37292

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled, give the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print): First: Florence; Middle: Brook; Last: Leizear
2a. DATE OF DEATH: Month: May; Day: 25; Year: 1968
2b. HOUR: 4:30 P.M.
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: 8-8-86
6. AGE (In years last birthday): 81 YRS; IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Maryland
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Montgomery Md.
10. CITY OR TOWN OF DEATH: Takoma Park
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Washington San. + Hosp
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): House wife
12b. KIND OF BUSINESS OR INDUSTRY: own home
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland
13b. COUNTY: Montgomery
13c. CITY OR TOWN: Silver Spring
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 605 Thayer Ave
14. FATHER'S NAME First: Charles; Middle: B.; Last: Graves
15. MOTHER'S MAIDEN NAME First: Lillie; Middle: ; Last: Fidler
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO: 578-07-5592-D
17. INFORMANT: [illegible] Address: 4545 Lewis Graves Conn.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Uremia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Known 17 days
DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerotic Kidney Disease — Unknown
DUE TO, OR AS A CONSEQUENCE OF (c) Generalized arteriosclerosis — Unknown
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 403 X 446 X

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Diabetes mellitus with gangrenous right lower extremity.

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (~~this hospital~~) attended the deceased from _____, 1951, to May 25, 1968, that (I) (~~we~~) last saw the deceased alive on May 25 1968, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: Aaron H. Traum MD. DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: May 25 1968
22d. PHYSICIAN'S NAME (Type): Aaron H. Traum M.D.
22e. ADDRESS: 8237 Georgia Ave Silver Spring Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 28, 1968
23c. NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery
23d. LOCATION (City or Town) (County) (State): Washington, D. C.
24. FUNERAL DIRECTOR: C. Glen Carter, Warner E. Pumphrey, Inc. ADDRESS: 8434 Georgia Ave., Silver Spring, Md.
25a. REC'D BY REGISTRAR DATE: MAY 31 1968
25b. REGISTRAR'S SIGNATURE: [illegible]

VR A15 (4) 30M REV. 1/68

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

37293

CERTIFICATE OF DEATH

1 PLACE OF DEATH
a. COUNTY: Montgomery County MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Silver Spring
c. LENGTH OF STAY IN 1b: 15 mos.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 8723 Piney Branch Rd. Silver Spring Md

2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
a. STATE: Md.
b. COUNTY: Montgomery C.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Silver Spring
d. STREET ADDRESS: 8723 Piney Branch Rd. Sil. Sp.
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First: Julio Middle: Eduardo Last: Leon
4. DATE OF DEATH: Month: May Day: 9 Year: 1968
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 1-6-1900
9. AGE (In years last birthday): 68 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (County & State, or foreign country): Havana, CUBA
12. CITIZEN OF WHAT COUNTRY: Cuban
13. FATHER'S NAME: Eduardo
14. MOTHER'S MAIDEN NAME: Dolores
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service): —
16. SOCIAL SECURITY NO: 218-56-7882
17. INFORMANT: Evangelina Leon Martinez Address 9051 Manchester Rd Silver Spring

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchopneumonitis — INTERVAL BETWEEN ONSET AND DEATH: 1 week
DUE TO (b): Glioblastoma, Right, Temporal — 6 months
DUE TO (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 17 X 1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Diabetes Mellitus
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19
20d. INJURY OCCURRED While at work ☐ Not While at work ☐
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) (County) (State)

21. I **certify** that (I) (this hospital) attended the deceased from 1-15, 1968, to 5-9, 1968, that (I) (we) last saw the deceased alive on 5-8, 1968, and that death occurred at 6:30 AM, from causes and on the date stated above.

22a. SIGNATURE: Benito H. Prats M.D. ATTENDING PHYS ☒ MED. DIRECTOR ☐ STAFF PHYS ☐
22b. DATE SIGNED: 5-9-68
22c. PHYSICIAN'S NAME (Type): Benito H. PRATS
22d. ADDRESS: 7507 Arlington Rd Bethesda Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE THEREOF: 5/11/1968
23c. NAME OF CEMETERY OR CREMATORY: Harmony
23d. LOCATION (City or Town) (County) (State): Landover, Maryland

24. FUNERAL DIRECTOR: W. Ernest Jarvis Co., Inc. ADDRESS: 1432 You St., N.W.
25a. REC'D BY REGISTRAR DATE: MAY 13 1968
25b. REGISTRAR'S SIGNATURE: Charles Judge

1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

C7294

1. DECEASED-NAME (Type or print): First Dorothy Middle Taylor Last Lethbridge
2a. DATE OF DEATH: Month May Day 10 Year 68
2b. HOUR: 6:25 A.M.
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: 6/6/1897
6. AGE (In years last birthday): 75 YRS.
If under 1 year: Months / Days / Hours / Min.
7a. BIRTHPLACE (State or foreign country): Virginia
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARITAL STATUS: Married ☐ Never married ☐ Widowed ☒ Divorced ☐
9. COUNTY OF DEATH: Montgomery Md.
10. CITY OR TOWN OF DEATH: Bethesda
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Suburban Hospital
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): House wife
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Washington D.C.
13b. COUNTY: ✓
13c. CITY OR TOWN: Washington
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 1311 30th St. N.W.
14. FATHER'S NAME: First LeRoy Middle M. Last Taylor
15. MOTHER'S MAIDEN NAME: First Rose Middle M. Last Bivens
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO: 076-12-1085B
17. INFORMANT: 9910 Gulliard Dr. Bethesda Md. Robert Lethbridge son

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac Arrhythmia — Approximate interval between onset and death: 72 hrs
DUE TO, OR AS A CONSEQUENCE OF
(b) Coronary Atherosclerosis — 9 months
DUE TO, OR AS A CONSEQUENCE OF
(c) Heart Disease
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: 4129
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): 4201
19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)
21f. LOCATION Street or R.F.D. No. City or Town County State
22a. I certify that (I) (this hospital) attended the deceased from June, 1953, to May 10, 1968, that (I) ~~(we)~~ last saw the deceased alive on May 9, 1968, and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we) (and)~~ (did not) view the body after death
22b. SIGNATURE: Michael M. Healy MD DEGREE
ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 5/10/68
22d. PHYSICIAN'S NAME (Type)
22e. ADDRESS

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 13 May 1968
23c. NAME OF CEMETERY OR CREMATORY: Rock Creek Cem.
23d. LOCATION (City or Town) (County) (State): Washington, D.C.
24. FUNERAL DIRECTOR: James E. Deeble
ADDRESS: Deeble Funeral Home 2222 Wisc. Ave. N.W. D.C.
25a. REC'D BY REGISTRAR DATE: MAY 15 1968
25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

57295

1 DECEASED NAME (Type or print): First ELMO Middle Last LEWIS

2a. DATE OF DEATH: Month MAY Day 3 Year 1968

2b. HOUR 4:10 AM

3. SEX: MALE

4. RACE: WHITE.

5. DATE OF BIRTH: MAY 8 - 1914

6. AGE (In years last birthday) 53 YRS

If under 1 year: Months / Days

If under 24 hrs.: Hours / Min

7a. BIRTHPLACE (State or foreign country) VIRGINIA

7b. CITIZEN OF WHAT COUNTRY? AMERICA

8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. COUNTY OF DEATH MONTGOMERY. Md.

10. CITY OR TOWN OF DEATH TAKOMA PARK

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) WASHINGTON SAN.

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)

12b. KIND OF BUSINESS OR INDUSTRY

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND.

13b. COUNTY MONTGOMERY

13c. CITY OR TOWN TAKOMA PARK

13d. INSIDE CITY LIMITS? YES ☑ NO ☐

13e. STREET AND NUMBER 7109 CEDAR AVE.

14. FATHER'S NAME: First WILLIAM. Middle Last LEWIS

15. MOTHER'S MAIDEN NAME: First WILLIE Middle VAUGHAN Last

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)

16b. SOCIAL SECURITY NO 231-7-660

17. INFORMANT MRS WILMA LEWIS Address WIFE.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CA mouth c̄ metastases to skin and bone

1457

DUE TO, OR AS A CONSEQUENCE OF

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO ☐

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 5-1, 1968, to 5-3, 1968, that (I) (we) last saw the deceased alive on _____ 19___, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) ~~(did)~~ ~~(did not)~~ view the body after death.

22b. SIGNATURE Bruce H. Bradley MD DEGREE ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☐

22c. DATE SIGNED 5/3/68

22d. PHYSICIAN'S NAME (Type)

22e. ADDRESS 10820 GA. AVE. WHEATON. MONT. MD.

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE MAY 6 - 1968

23c. NAME OF CEMETERY OR CREMATORY Geo. Rock Cemetery

23d. LOCATION (City or Town) Rock Rd. Pkes (County) (State) Md

24. FUNERAL DIRECTOR J. Arthur Walters

ADDRESS 2514 Carroll Ave. DC.

25a. REC'D BY REGISTRAR DATE MAY 6 1968

25b. REGISTRAR'S SIGNATURE Charles Jones

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
3DM REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

1296

1. DECEASED NAME (Type or print): First: Mary; Middle: Lang; Last: Lewis
2a. DATE OF DEATH: Month: May; Day: 8; Year: 1968
2b. HOUR: 2:45 M
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: 6-8-86
6. AGE (In years on last birthday): 81 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Washington, D.C.
7b. CITIZEN OF WHAT COUNTRY? U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Montgomery Md
10. CITY OR TOWN OF DEATH: Bethesda
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Suburban
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): None
12b. KIND OF BUSINESS OR INDUSTRY:
3a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.
13b. COUNTY: Mont.
13c. CITY OR TOWN: Bethesda
13d. INSIDE CITY LIMITS? YES ☐ NO ☐
13e. STREET AND NUMBER: 8000 - Overhill Rd.
14. FATHER'S NAME: First: William; Middle: Addison; Last: Lang
15. MOTHER'S MAIDEN NAME: First: Sarah; Middle: Ann; Last: Evans
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes give war or dates of service): No
16b. SOCIAL SECURITY NO.: 579-38-5216
17. INFORMANT: Mrs. Dorothy Dubinoe. Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary infarction, right lower lobe — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 7 days
DUE TO, OR AS A CONSEQUENCE OF (b): Bilateral pulmonary thrombosis
DUE TO, OR AS A CONSEQUENCE OF (c):
450 X
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES ☒ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED: Where at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION: Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 7/11, 1967, to 5/8, 1968, that (I) (we) last saw the deceased alive on 5/8, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Ronald Barr MD — DEGREE: ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐
22c. DATE SIGNED: 5/8/1968
22d. PHYSICIAN'S NAME (Type): RONALD W. BARR, MD
22e. ADDRESS: BETHESDA, MARYLAND

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/10/68
23c. NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery
23d. LOCATION (City or Town) (County) (State): Bladensburg, Maryland
24. FUNERAL DIRECTOR: Joseph Gawler's Sons
ADDRESS: 5130 Wisc. Ave NW Wash. DC.
25a. REC'D BY REGISTRAR DATE: MAY 15 1968
25b. REGISTRAR'S SIGNATURE:

VR A15 (4)
30M REV 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

27297 — 09246

1. DECEASED-NAME (Type or print): First: Melvin; Middle: ; Last: Lewis
2a. DATE OF DEATH: Month 5 Day 3 Year 1968
2b. HOUR: M
3. SEX: Male
4. RACE: Negro
5. DATE OF BIRTH: 10-16-99
6. AGE (In years last birthday): 68 YRS — IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS.: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country):
7b. CITIZEN OF WHAT COUNTRY? U.S.
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: Montgomery. Md.
10. CITY OR TOWN OF DEATH: Silver Spring
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Holy Cross Hosp.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Retired-Monument Engraver.
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: D.C.
13b. COUNTY:
13c. CITY OR TOWN: Washington
13d. INSIDE CITY LIMITS? YES ☐ NO ☐
13e. STREET AND NUMBER: 1444 "W" ST N.W.
14. FATHER'S NAME: First: Unknown; Middle: ; Last:
15. MOTHER'S MAIDEN NAME: First: Unknown; Middle: ; Last:
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, (unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.:
17. INFORMANT: Hope Lewis - Wife — Address: 1444 W Street, N.W.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) GASTRIC ULCERS MULTIPLE
DUE TO, OR AS A CONSEQUENCE OF
(b) GENERALIZED ARTERIOSCLEROSIS
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4/21/68-5/3/68; 10 YEARS

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
-

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES ☐ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 3/22, 1968, to 5/3, 1968, that (I) (we) last saw the deceased alive on 5/2 1968, and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we) (did)~~ (did not) view the body after death.

22b. SIGNATURE: Henry R. Wolf — DEGREE: ATTENDING PHYS. ☒ MED DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 5/4/68
22d. PHYSICIAN'S NAME (Type):
22e. ADDRESS:

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/7/1968
23c. NAME OF CEMETERY OR CREMATORY: H armony
23d. LOCATION (City or Town) (County) (State): Landover, Maryland

24. FUNERAL DIRECTOR: W. Ernest Jarvis Co., Inc. — ADDRESS: 1432 Jew N.W.
25a. REC'D BY REGISTRAR — DATE: MAY 8 1968
25b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers (Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print): First JAMES; Middle ARTHUR; Last LOCKMAN, JR.
2a. DATE OF DEATH: Month 5; Day 30; Year 68
2b. HOUR: 5:55AM
3. SEX: Male
4. RACE: Negro
5. DATE OF BIRTH: May 6, 1900
6. AGE (In years last birthday): 68 YRS. (If under 1 year: Months / Days; If under 24 hrs: Hours / Min)
7a. BIRTHPLACE (State or foreign country): Maryland
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Montgomery Md
10. CITY OR TOWN OF DEATH: Olney
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Montgomery General
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Chauffeur
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland
13b. COUNTY: Montgomery
13c. CITY OR TOWN: Mt. Zion
13d. INSIDE CITY LIMITS? YES [X] NO [ ]
13e. STREET AND NUMBER: RFD 1 Box 184
14. FATHER'S NAME: First James; Middle Arthur; Last Lockman
15. MOTHER'S MAIDEN NAME: First Mary; Middle; Last Wallace
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)
16b. SOCIAL SECURITY NO: 214-03-9320
17. INFORMANT: Alice Lockman; Address: Rfd 1 Box 184 ~~Derwood, Maryland~~

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)
DUE TO, OR AS A CONSEQUENCE OF (b)
DUE TO, OR AS A CONSEQUENCE OF (c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
260 X

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [ ] NO [X]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
21d. INJURY OCCURRED While [ ] at work; Not while [ ] at work
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION: Street or R.F.D. No; City or Town; County; State

22a. I certify that (I) (this hospital) attended the deceased from _____, 19__, to _____, 19__, that (I) (we) last saw the deceased alive on _____ 19__, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death

22b. SIGNATURE
DEGREE: ATTENDING PHYS [X] MED DIRECTOR [ ] STAFF PHYS [ ]
22c. DATE SIGNED
22d. PHYSICIAN'S NAME (Type): Charles H. Ligon, MD
22e. ADDRESS: Medical Center, Sandy Spring, Md. 20860

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-3-68
23c. NAME OF CEMETERY OR CREMATORY: MT. Zion Cemetery
23d. LOCATION (City or Town) (County) (State): MT. Zion Monta, Md.
24. FUNERAL DIRECTOR: George R. Snowden
ADDRESS: Rockville Md
25a. REC'D BY REGISTRAR DATE: JUN 5 1968
25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A15 (4)
30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

37293

1. DECEASED-NAME (Type or print) First: George	Middle: Henry	Last: Lowe	2a. DATE OF DEATH Month: May Day: 7 Year: 1968
2b. HOUR 1:15 AM PM			
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: May 28, 1928	6. AGE (In years last birthday): 39 YRS. IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS: HOURS, MIN
7a. BIRTHPLACE (State or foreign country): District of Columbia	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Montgomery Md
10. CITY OR TOWN OF DEATH: Bethesda	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): The Clinical Center, NIH	12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired): Grocery Clerk	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Prince Georges	13c. CITY OR TOWN: Hillcrest Heights	13d. INSIDE CITY LIMITS? YES [X] NO [ ]
13e. STREET AND NUMBER: 2431 Colebrook Drive			
14. FATHER'S NAME First: Samuel	Middle:	Last: Lowe	15. MOTHER'S MAIDEN NAME First: Hazel Middle:	Last: Rich
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 579-30-4607	17. INFORMANT: The Medical Records Address: The Clinical Center, Bethesda, Md. 20014

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c))

PART 1. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral edema	3 Days
DUE TO, OR AS A CONSEQUENCE OF (b)	Bilateral Bronchopneumonia	5 Days
DUE TO, OR AS A CONSEQUENCE OF (c)	Chronic Myelogenous Leukemia	6 Years

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Chronic Myelogenous Leukemia with Blast Crisis----3 Months

19a. DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20a. AUTOPSY? YES [X] NO [ ] | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner) | 21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19 | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ] | 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) | 21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from February 15 19 68, to May 7, 19 68, that (I) (we) last saw the deceased alive on May 7 19 68 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Bruce A. Chabner M.D. DEGREE | ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X] | 22c. DATE SIGNED: 7 May 1968

22d. PHYSICIAN'S NAME (Type): Bruce A. Chabner, MD. | 22e. ADDRESS: The Clinical Center, National Institutes of Health, Bethesda, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | 23b. DATE: May 9-1968 | 23c. NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery | 23d. LOCATION (City or Town) (County) (State): Suitland, Md.

24. FUNERAL DIRECTOR: Simmons Bros. | ADDRESS: Wash. DC 3170 S. Bros. 1601-Good Hope Rd SE | 25a. REC'D BY REGISTRAR DATE: MAY 8 1968 | 25b. REGISTRAR'S SIGNATURE: Charles Judge

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print): First: Ethel; Middle: C; Last: Lundberg
2a. DATE OF DEATH: Month 5; Day 11; Year 1968
2b. HOUR: 6:45 A.M.
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: 4-15-93
6. AGE (In years lost birthday): 75 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS: HOURS, MIN
7a. BIRTHPLACE (State or foreign country): Pennsylvania
7b. CITIZEN OF WHAT COUNTRY?: United States
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Montgomery Md
10. CITY OR TOWN OF DEATH: Silver Spring
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Colonial Villa
12a. USUAL OCCUPATION (Kind of work done during most of working life; if retired): [illegible]
12b. KIND OF BUSINESS OR INDUSTRY: Own Home
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Penn.
13b. COUNTY: CLEARFIELD Co.
13c. CITY OR TOWN: Du Bois
13d. INSIDE CITY LIMITS? YES ☐ NO ☐
13e. STREET AND NUMBER: 28 W. Scribner Avenue
14. FATHER'S NAME: First: George; Middle: Brown; Last:
15. MOTHER'S MAIDEN NAME: First: Elizabeth; Middle: Powers; Last:
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: unknown
17. INFORMANT: George E. Lundberg; Address: Bellevue, Pennsylvania

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Carcinoma of Ascending Colon
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)

1530

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION: Street or R.F.D. No. | City or Town | County | State

22a. I certify that (I) (this hospital) attended the deceased from 2-21, 19 68, to 5-11, 19 68, that (I) (we) last saw the deceased alive on 5-7 19 68, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Boris Rabkin MD — DEGREE: ATTENDING PHYS ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 5-11-68
22d. PHYSICIAN'S NAME (Type): BORIS RABKIN, MD.
22e. ADDRESS: 1019 Main Blvd East

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-14-68
23c. NAME OF CEMETERY OR CREMATORY: Morningside Cemetery
23d. LOCATION (City or Town) (County) (State): Clearville County, Penn.
24. FUNERAL DIRECTOR: John W. Lee — Warner E. Pumphrey, Inc.
ADDRESS: 8434 Georgia Ave. Silver Spring, Md.
25a. REC'D BY REGISTRAR: DATE MAY 15 1968
25b. REGISTRAR'S SIGNATURE

VR A15 (4)
30M REV 3/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 M
30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

37205

1 DECEASED-NAME (Type or print) First: Gertrude Middle: Lupo Last:	2a DATE OF DEATH Month: May Day: 17 Year: 68	2b HOUR 8:50 PM	
3 SEX: F	4 RACE: W.	5 DATE OF BIRTH: 12-26-02	6. AGE (In years last birthday): 65 YRS — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN.
7a BIRTHPLACE (State or foreign country): North Carl.	7b CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9 COUNTY OF DEATH: Montgomery Md.
10 CITY OR TOWN OF DEATH: Bethesda	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Suburban	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired):	12b KIND OF BUSINESS OR INDUSTRY:
13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: Maryland	13b COUNTY: Montgomery	13c CITY OR TOWN: Bethesda	13d INSIDE CITY LIMITS? YES ☐ NO ☐ — 13e STREET AND NUMBER: 5405 Wenonna Rd.
14 FATHER'S NAME First: Middle: Last: Leonidas Nichols	15 MOTHER'S MAIDEN NAME First: Middle: Last: Corrie McGuinn		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No (If yes give war or dates of service)	16b SOCIAL SECURITY NO.: 577-10-7108	17. INFORMANT: Roy Nichols, Brother, 7701 Eastern Ave. Address	

MEDICAL CERTIFICATION

18 **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART 1 DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 MONTHS

DUE TO, OR AS A CONSEQUENCE OF (b) AORTIC INSUFFICIENCY, Dec'd — 40 YRS

DUE TO, OR AS A CONSEQUENCE OF (c) Rheumatic Heart Disease — 50 YRS

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Metastatic Carcinoma of Lung Ca of L. Breast

19a DATE OF OPERATION: 8/4/64	19b CONDITION FOR WHICH OPERATION WAS PERFORMED: Ca of left Breast	20a AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f LOCATION Street or R.F.D. No. City or Town County State	

22a **I certify** that (I) (~~this hospital~~) attended the deceased from 4 May, 1954, to 17 May, 1968, that (I) (~~we~~) last saw the deceased alive on 17 May 1968 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death

22b SIGNATURE: Robert G. Angle MD — DEGREE: ATTENDING PHYS. ☒ MED DIRECTOR ☐ STAFF PHYS. ☐			22c DATE SIGNED: 17 May 1968
22d PHYSICIAN'S NAME (Type): Robert G. Angle, M.D.		22e. ADDRESS: 5009 Del Ray Ave., Bethesda, Md.	
23a BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: May 20, 1968	23c NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery	23d LOCATION (City or Town): Suitland, Prince Georges (County) Maryland
24. FUNERAL DIRECTOR: Joseph Gawler's Sons, Inc.	ADDRESS: 5130 Wisconsin Ave. N.W., Wash., D.C. 20016	25a RECD BY REGISTRAR DATE: Nov. 22 1968	25b REGISTRAR'S SIGNATURE: [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

02

1. DECEASED NAME (Type or print) First: WALTER Middle: W. Last: LYTZEN	2a. DATE OF DEATH Month: MAY Day: 19 Year: 1968	2b. HOUR 12 25 P.M	
3 SEX: MALE	4 RACE: WHITE	5 DATE OF BIRTH: 10-7-1882	6 AGE (in years last birthday) 85 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN.
7a BIRTHPLACE (State or foreign country): Minn	7b CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9 COUNTY OF DEATH: MONTGOMERY Md
10. CITY OR TOWN OF DEATH: BETHESDA	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): SUBURBAN	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Mining Engineer	12b KIND OF BUSINESS OR INDUSTRY:
13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: District of Columbia	13b. COUNTY: ✓	13c. CITY OR TOWN: Washington	13d INSIDE CITY LIMITS? YES ☐ NO ☐ — 13e STREET AND NUMBER: 3613 Quesada St NW
14 FATHER'S NAME First: William Middle: Lytzen Last:	15 MOTHER'S MAIDEN NAME First: Ence Middle: Johnson Last:		
16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): No (If yes give war or dates of service)	16b SOCIAL SECURITY NO.: 578-48-3221	17. INFORMANT: GERALDINE CUSH - DAUGHTER Address: SAME AS ABOVE	

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebrovascular accident	5 days.
DUE TO, OR AS A CONSEQUENCE OF (b)	Arteriosclerosis, generalized, advanced	5 yrs
DUE TO, OR AS A CONSEQUENCE OF (c)		

Conditions, if any which gave rise to immediate cause (a), stating the underlying cause last. 331X

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

1) Nephrosclerosis, advanced. 2) CVA multiple, past 3 yrs

19a DATE OF OPERATION: —	19b CONDITION FOR WHICH OPERATION WAS PERFORMED: —	20a AUTOPSY? YES ☐ NO ☒	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —
21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M Month Day Year 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) —	
21d INJURY OCCURRED While at work ☐ Not while at work ☐	21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) —	21f LOCATION Street or R.F.D. No — City or Town — County — State —	

22a. I certify that (I) (this hospital) attended the deceased from _____, 1953, to May 19, 1968, that (I) (~~we~~) last saw the deceased alive on May 19 1968, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (~~did~~) (did not) view the body after death.

22b SIGNATURE: Stewart Clapp M.D. DEGREE — ATTENDING PHYS. ☒ MED DIRECTOR ☐ STAFF PHYS. ☐		22c DATE SIGNED: 5/19/68
22d PHYSICIAN'S NAME (Type): Stewart Clapp M.D.	22e ADDRESS: 4940 Chevy Chase Dr. Chevy Chase Montgomery	

23a BURIAL, CREMATION, REMOVAL (Specify): Burial	23b DATE: 5-22-1968	23c NAME OF CEMETERY OR CREMATORY: Mount ~~Olivet~~ Olivet	23d LOCATION (City or Town): Washington, D.C.	(County) (State)
24 FUNERAL DIRECTOR: Joseph Gawler's Sons, Inc.	ADDRESS: 3130 Wisc. Ave. N.W., Wash. D.C., 20016	25a REC'D BY REGISTRAR DATE: MAY 22 1968	25b REGISTRAR'S SIGNATURE: Charles Judge	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

M 1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15 (4)
30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

17303 1308

1 DECEASED-NAME (Type or print) First / Middle / Last: Roderick G. MACLEOD	2a. DATE OF DEATH Month / Day / Year: May 31 1968	2b. HOUR: 10:45 P.M.		
3 SEX: Male	4 RACE: Caucasian	5 DATE OF BIRTH: 13 January 1950	6. AGE (In years last birthday): 18 YRS	IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN.
7a BIRTHPLACE (State or foreign country): Maryland	7b CITIZEN OF WHAT COUNTRY?: USA	8 MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Montgomery County, Md	
10 CITY OR TOWN OF DEATH: Bethesda	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): US Naval Hospital	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Student	12b KIND OF BUSINESS OR INDUSTRY: Student	
13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: VA.	13b COUNTY: ✓	13c CITY OR TOWN: Alexandria	13d INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 511 Duke St., Alexandria, Virginia
14 FATHER'S NAME First / Middle / Last: Warren S. MACLEOD	15 MOTHER'S MAIDEN NAME First / Middle / Last: Janet G. COLLINS			
16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown): NO (If yes give war or dates of service)	16b SOCIAL SECURITY NO.: 231-64-2168	17 INFORMANT: Father, Warren S. MACLEOD, 511 Duke St., Alexandria, Va. Address		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Malignant lymphoma, lymphoblastic type, generalized — 3 months
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION	19b CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☒ NO ☐	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES
21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f LOCATION Street or R.F.D. No / City or Town / County / State	

22a. I certify that (I) (this hospital) attended the deceased from 27 May, 19 68, to 31 May, 19 68, that (I) (we) last saw the deceased alive on 31 May 1968 19, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b SIGNATURE: D. R. FOREMAN, LT MC USN — DEGREE: ATTENDING PHYS. ☐ MED DIRECTOR ☐ STAFF PHYS. ☒	22c DATE SIGNED: 1 Jun 1968	
22d. PHYSICIAN'S NAME (Type)	22e ADDRESS: US Naval Hospital, Bethesda, Maryland	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b DATE: 6-5-68	23c NAME OF CEMETERY OR CREMATORY: Arlington Cemetery
23d LOCATION (City or Town): Everly-Wheatley Funeral Home Arlington	(County)	(State): Virginia
24 FUNERAL DIRECTOR: Everly-Wheatley Funeral Home, Alex., Va.	ADDRESS	25a REC'D BY REGISTRAR DATE: JUN 4 1968
25b REGISTRAR'S SIGNATURE: [illegible]		

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A (P-4)
30M REV. 1-68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

68304 — 3730

1. DECEASED-NAME (Type or print) First: Florence; Middle: ; Last: Maler	2a. DATE OF DEATH Month: May; Day: 15; Year: 1968	2b HOUR 6:00 PM	
3 SEX: Female	4 RACE: White	5. DATE OF DATH: Nov. 6 1891	6 AGE (In years last birthday) 76 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN.
7a BIRTHPLACE (State or foreign country): New Jersey	7b CITIZEN OF WHAT COUNTRY? United States	8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Montgomery Md
10 CITY OR TOWN OF DEATH: Wheaton	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Randolph Hills Nursing Home	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife	12b KIND OF BUSINESS OR INDUSTRY: Own Home
13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) STATE: Maryland	13b. COUNTY: Montgomery	13c. CITY OR TOWN: Silver Spring	13d INSIDE CITY LIMITS? YES ☒ NO ☐ — 13e STREET AND NUMBER: 9403 N. Hamp. Ave. S.S. Md
14 FATHER'S NAME First: Thomas; Middle: ; Last: Bond		15. MOTHER'S MAIDEN NAME First: Elizabeth; Middle: ; Last: Ross	
16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: NO (If yes give war or dates of service)	16b SOCIAL SECURITY NO. 155-10-1080-A	17 INFORMANT: Mrs. J. R. McLaughlin	Address: 9403 N.H. Ave. S.S. Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Generalized Arteriosclerosis + Arterial Hypertension — Year

DUE TO, OR AS A CONSEQUENCE OF (b) Stroke — 2 days.

DUE TO, OR AS A CONSEQUENCE OF (c) Urinary Tract infection — months

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

4:60

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

32.

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☑	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d INJURY OCCURRED While at work ☐ Not while at work ☐	21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that (I) (this hospital) attended the deceased from January, 19 67, to May 15, 19 68, that (I) (we) last saw the deceased alive on May 15 19 68, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b SIGNATURE: Hugo G. Graziani, MD. DEGREE	ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED 5/15/68	
22d. PHYSICIAN'S NAME (Type): HUGO G. GRAZIANI	22e. ADDRESS: 10101 Georgia Ave SS. Md		
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b DATE: May 18, 1968	23c. NAME OF CEMETERY OR CREMATORY: Gate of Heaven cemetery	23d LOCATION (City or Town) Silver Spring (County) Montg. (State) Md.
24. FUNERAL DIRECTOR: John W. Lee 8434 Georgia Ave. Warner E. Pumphrey, Inc. Silver Spring, Md.		25a. REC'D BY REGISTRAR DATE MAY 24 1968	25b. REGISTRAR'S SIGNATURE Charles Judge

1

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 DECEASED NAME (Type or Print): First Ashba Middle Cornick Last Markley

2a DATE OF DEATH KNOWN ☐ ESTIMATED ☒ Month 5 Day 26 Year 1968

2b HOUR M

3 SEX: Female

4 RACE: White

5 DATE OF BIRTH: Jun. 3, 1918

6 AGE (in years last birthday): 49 YRS

If UNDER 1 YEAR: MONTHS / DAYS; If UNDER 24 HRS.: HOURS / MIN.

2c DATE PRONOUNCED DEAD Month 5 Day 26 Year 1968

2d HOUR 11:20 A.M.

7a BIRTHPLACE (State or foreign country): Arizona

7b CITIZEN OF WHAT COUNTRY? U. S.

8 MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9 COUNTY OF DEATH: Montgomery Md

10 CITY OR TOWN OF DEATH: Bethesda

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 6424 Brookside Dr

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife

12b KIND OF BUSINESS OR INDUSTRY:

13a USUAL RESIDENCE (Where deceased lived if institution Residence before admission) STATE: Maryland

13b COUNTY: Montgomery

13c CITY OR TOWN: Bethesda

13d INSIDE CITY LIMITS? YES ☒ NO ☐

13e STREET AND NUMBER: 6424 Brookside Dr.

14 FATHER'S NAME First Sydnor Middle Last Cornick

15 MOTHER'S MAIDEN NAME First Bertha Middle Mae Last Ashba

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)

16b SOCIAL SECURITY NO: 563-52-2169

17 INFORMANT: R. W. Markley Jr. ADDRESS: 6424 Brookside Dr Kensington Md

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1 DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardiorespiratory Failure due to

DUE TO, OR AS A CONSEQUENCE OF

(b) Barbiturate Intoxication, self-administered;

DUE TO, OR AS A CONSEQUENCE OF

(c) Chronic Ethylism; Depression

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)

19a DATE OF OPERATION

19b CONDITION FOR WHICH OPERATION WAS PERFORMED?

20 AUTOPSY? YES ☒ NO ☐

21a EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.)

21f LOCATION Street or R.F.D. No. City or Town County State

22a I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and in my opinion death resulted from Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Belden K. Reap M.D.

EXAMINER'S NAME (Type): BELDEN K. REAP M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town or county): Bethesda

22b DATE SIGNED: May 26, 1968

23a BURIAL, CREMATION OR REMOVAL: Cremation

23b DATE: 5-28-68

23c NAME OF CEMETERY OR CREMATORY: Cedar Hill Crematory

23d LOCATION (City or Town) (County) (State): Suitland, Pr. Geo. Md

24 FUNERAL DIRECTOR: Robert A Pumphrey ADDRESS: 7557 Wisconsin Ave Bethesda, Md

25a REC'D BY REGISTRAR DATE JUN 3 1968

25b REGISTRAR'S SIGNATURE: [illegible]

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2 and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form DM3 Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5) 10M REV 1-68

Squadron Cornick Beetho Mac Ash bo -
No — 563-52-3169 R.W. Morkey Jr 6434 Brookside Dr
Kenwood Ma.

Cornick K

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers (pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

Signed by P. Colevas to sign - P. Colevas

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

7306 Items #1,3 Fi

CERTIFICATE OF DEATH

jb

1. DECEASED NAME (Type or print) First: GRACE Middle: ~~LETITIA~~ Letishey Last: MARTIN	2a. DATE OF DEATH Month: May Day: 20 Year: 68	2b. HOUR 5:11P	
3. SEX Female ~~Male~~	4. RACE White	5. DATE OF BIRTH 9/25/99	6. AGE (In years last birthday) 68 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS: HOURS, MIN
7a. BIRTHPLACE (State or foreign country) Virginia	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH Montgomery Md.
10. CITY OR TOWN OF DEATH Silver Spring	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Holy Cross Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Housewife	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. COUNTY Montgomery	13c. CITY OR TOWN Wheaton	13d. INSIDE CITY LIMITS? YES [X] NO [ ] — 13e. STREET AND NUMBER 3004 Weller Rd.
14. FATHER'S NAME First: William Middle: Last: Brasse	15. MOTHER'S MAIDEN NAME First: Rose Middle: Last:		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Husband, Robert E. Martin	Address: 3004 Weller Rd. Whtn., Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Acute Cardiac Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 hour

DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerotic Heart Disease — 3 years

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 7100 4200

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Stroke hypertension - noted.

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [✓]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. **I certify** that (I) (~~this hospital~~) attended the deceased from 1969, 19____, to 5/20, 19 68, that (I) (~~we~~) last saw the deceased alive on 5/2 19 68, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (~~did~~) (did not) view the body after death.

22b. SIGNATURE P Colevas MD — DEGREE: ATTENDING PHYS. [✓] MED DIRECTOR [ ] STAFF PHYS. [ ]		22c. DATE SIGNED 5/20/68
22d. PHYSICIAN'S NAME (Type) Dr. P. Colevas	22e. ADDRESS 3737 Legation St. N. W., Wash. D. C.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-23-1968	23c. NAME OF CEMETERY OR CREMATORY Columbia Gardens — 23d. LOCATION (City or Town) Arlington (County) (State) Virginia
24. FUNERAL DIRECTOR Charles E. Bangs	ADDRESS Ives Funeral Home, Inc., Arlington, Va.	25a. REC'D BY REGISTRAR DATE MAY 23 1968 — 25b. REGISTRAR'S SIGNATURE Frances Judge

VR A15 (4)
30M REV 1/68

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers (Pages 2 and 4) and in any event, within 72 hours (two days) should be filed with the State Dept. of Health prior to burial, cremation, or removal.

VR A15 (W) 30M REV. 3/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or print): First: Annie Middle: V. Last: Maxwell
2a. DATE OF DEATH: Month: May Day: 6 Year: 68
2b. HOUR: 4 PM
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: Nov. 25, 1882
6. AGE (In years last birthday): 85 YRS. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.
7a. BIRTHPLACE (State or foreign country): Tennessee
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Montgomery Md
10. CITY OR TOWN OF DEATH: Wheaton
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 4011 Randolph Hills Rd.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife.
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md.
13b. COUNTY: P. G.
13c. CITY OR TOWN: College Park
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 8803 48th Avenue
14. FATHER'S NAME First: Benjamin F. Middle: Last: Hagler
15. MOTHER'S MAIDEN NAME First: Elizabeth Middle: Last: Burns
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)
16b. SOCIAL SECURITY NO: 578-03-5907
17. INFORMANT: Fred W. Maxwell B. Address: #2 Lynch Street Rockville, Md. (son)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) Cerebral arteriosclerosis — 6 mos.
DUE TO, OR AS A CONSEQUENCE OF
(b) Generalized arteriosclerosis — yrs
DUE TO, OR AS A CONSEQUENCE OF
(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 437.9

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Uremia

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 6/12, 1967, to 5/6, 1968, that (I) (we) last saw the deceased alive on 5/6/68, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Raymond T. Benack DEGREE: ATTENDING PHYS. ☒ MED DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 5/6/68
22d. PHYSICIAN'S NAME (Type): Raymond T. Benack MD
22e. ADDRESS: 4115 Collie Dr. Wheaton MD

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/9/68
23c. NAME OF CEMETERY OR CREMATORY: George Washington
23d. LOCATION (City or Town) (County) (State): Hyattsville P.G. Md.

24. FUNERAL DIRECTOR: Francis Gasch's Sons ADDRESS: Hyattsville, Md.
25a. REC'D BY REGISTRAR DATE: MAY 15 1968
25b. REGISTRAR'S SIGNATURE: Charles Judge

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 DECEASED NAME (Type or Print): First Myles Middle Stanford Last McClellan

2a DATE OF DEATH KNOWN [X] ESTIMATED [ ] Month May Day 26 Year 1968

2b HOUR 10 A.M. P.M.

3 SEX Male

4. RACE White

5 DATE OF BIRTH 9/29/09

6 AGE (In years last birthday) 58 YRS; IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS: HOURS, MIN.

2c DATE PRONOUNCED DEAD Month May Day 26 Year 1968

2d HOUR 10 A.M. P.M.

7a BIRTHPLACE (State or foreign country) Carlisle Pa. Penna

7b. CITIZEN OF WHAT COUNTRY? U.S.A.

8 MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. COUNTY OF DEATH Montgomery Md

10 CITY OR TOWN OF DEATH Bethesda ~~Montgomery~~

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Suburban Hosp

12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired) D.C. Dept. Dept of Corrections

12b KIND OF BUSINESS OR INDUSTRY

13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE Virginia

13b. COUNTY Arlington

13c CITY OR TOWN Arlington

13d INSIDE CITY LIM.TS? YES [ ] NO [ ]

13e. STREET AND NUMBER 4706 N. 20th Rd.

14 FATHER'S NAME: First Unknown Middle Last

15. MOTHER'S MAIDEN NAME: First Unknown Middle Last

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes give war or dates of service)

16b. SOCIAL SECURITY NO 142-10-7874

17 INFORMANT Mrs. Madalyn McClellan ADDRESS ~~4708 N. 20th Rd~~ Arlington, Va.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1 DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Coronary Insufficiency

DUE TO, OR AS A CONSEQUENCE OF (b) Coronary Artery Heart Disease

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last

+129

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION

19b CONDITION FOR WHICH OPERATION WAS PERFORMED?

20 AUTOPSY? YES [ ] NO [X]

21a EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH

21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a I certify that I took charge of the remains described above, held on Autopsy [ ], Inspection [X], Inquiry [X], and in my opinion death resulted from: Natural causes [X], Accident [ ], Suicide [ ], Homicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE Belden R. Reap M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
DEPUTY MEDICAL EXAMINER [X]

EXAMINER'S NAME (Type) BELDEN R. REAP, M.D.

ADDRESS (Street, City, Town or County)

22b. DATE SIGNED MAY 26, 1968

23a BURIAL, CREMATION, REMOVAL (Specify) Burial

23b DATE 5/29/68

23c NAME OF CEMETERY OR CREMATORY Columbia Gardens

23d LOCATION (City or Town) Arlington, (County) (State) Virginia

24 FUNERAL DIRECTOR Arlington Funeral Home ADDRESS 3901 N. Fairfax Dr. Arlington, Va.

25a REC'D BY REGISTRAR DATE MAY 29 1968

25b REGISTRAR'S SIGNATURE Charles Judge

VR A15ME (5) 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 42 hours after death.

1 DECEASED-NAME (Type or print): First JEAN; Middle OLIVIA; Last MC CLEOD

2a DATE OF DEATH: Month MAY; Day 4; Year 68

2b HOUR: 7:18a M

3 SEX: FEMALE

4 RACE: NEGROID

5 DATE OF BIRTH: 20FEB38

6 AGE (In years last birthday): 30 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS: HOURS, MIN.

7a BIRTHPLACE (State or foreign country): WEST, VA.

7b. CITIZEN OF WHAT COUNTRY? USA

8 MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. COUNTY OF DEATH: MONTGOMERY Md.

10. CITY OR TOWN OF DEATH: BETHESDA

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): NAVAL HOSPITAL

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): HOUSEWIFE

12b KIND OF BUSINESS OR INDUSTRY:

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: VIRGINIA

13b. COUNTY: /

13c CITY OR TOWN: QUANTICO

13d INSIDE CITY LIMITS? YES [X] NO [ ]

13e STREET AND NUMBER: 2795-C MARCORPSBASE

14 FATHER'S NAME: First CLEVELAND; Middle; Last CRAWFORD

15 MOTHER'S MAIDEN NAME: First ETHEL; Middle; Last GALLOWAY

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): NO (If yes give war or dates of service)

16b SOCIAL SECURITY NO:

17 INFORMANT: CARL L. MC CLEOD Address: 2795-C MARCORPSBASE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CARCINOMA COLON, WITH METASTASES IN BILATERAL

DUE TO, OR AS A CONSEQUENCE OF URETERAL OBSTRUCTION

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION:

19b CONDITION FOR WHICH OPERATION WAS PERFORMED:

20a AUTOPSY? YES [X] NO [ ]

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)

21b TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d INJURY OCCURRED While at work [ ] Not while at work [ ]

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from 15APRIL, 1968, to 4 MAY, 1968, that (I) (we) last saw the deceased alive on 4 MAY 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b SIGNATURE: [signature]

DEGREE: ATTENDING PHYS. [ ] MED DIRECTOR [ ] STAFF PHYS [X]

22c DATE SIGNED: 4 MAY 1968

22d PHYSICIAN'S NAME (Type): LT R.W. VIRGILLIO, MC, USN

22e. ADDRESS: NAVAL HOSPITAL, BETHESDA, MD.

23a BURIAL, CREMATION, REMOVAL (Specify):

23b DATE: May 8, 1968

23c NAME OF CEMETERY OR CREMATORY: Balto. Nat. Cem.

23d LOCATION (City or Town) (County) (State): Balto. Md.

24 FUNERAL DIRECTOR: Collick Funeral Home

ADDRESS: 2431 E. Oliver St. Balto. Md.

25a REC'D BY REGISTRAR DATE: MAY 7 1968

25b REGISTRAR'S SIGNATURE: [signature]

VR A15 (4) 3DM REV 1/68

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

0331 0

1. DECEASED NAME (Type or print) First: CLARA Middle: E. Last: McCROSSIN	2a. DATE OF DEATH Month: 5 Day: 5 Year: 68	2b. HOUR 1 P M	
3 SEX: F	4 RACE: W	5 DATE OF BIRTH: 9/30/1889	6 AGE (In years last birthday): 78 YRS; IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS: HOURS, MIN
7a. BIRTHPLACE (State or foreign country): Md	7b CITIZEN OF WHAT COUNTRY? USA	8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Mont. Co Md
10. CITY OR TOWN OF DEATH: Rockville	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Potomac Valley Nsg Home	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife	12b KIND OF BUSINESS OR INDUSTRY
13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md	13b COUNTY: Mont Co	13c CITY OR TOWN: Rockville	13d INSIDE CITY LIMITS? YES ☒ NO ☐
13e STREET AND NUMBER: 11501 Glen Road			
14 FATHER'S NAME First Middle Last: William Hill	15 MOTHER'S MAIDEN NAME First Middle Last: Levinia Butt		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No (If yes give war or dates of service)	16b SOCIAL SECURITY NO: 577-10-8116-D	17 INFORMANT: Mrs L.M.Field Address: 11501 Glen Rd. Rockville,Md.	

MEDICAL CERTIFICATION

18 **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Heart failure	48 hrs
DUE TO, OR AS A CONSEQUENCE OF (b)	Uremia	72 hrs
DUE TO, OR AS A CONSEQUENCE OF (c)	Cerebro vascular accident	6 weeks

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

N/A

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)	21f. LOCATION Street or R F D No. City or Town County State	

22a **I certify** that (I) (this hospital) attended the deceased from _____, 1960, to 5-5, 1968, that (I) (we) last saw the deceased alive on 5-5 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b SIGNATURE: W G Hall, MD DEGREE	ATTENDING PHYS. ☒ MED DIRECTOR ☐ STAFF PHYS ☐	22c. DATE SIGNED: 5-5-68
22d PHYSICIAN'S NAME (Type): W. G. Hall	22e. ADDRESS: 615 W. Montg. Ave.,Rockville,Md.	

23a BURIAL, CREMATION, REMOVAL (Specify): Burial	23b DATE: 5/8/68	23c NAME OF CEMETERY OR CREMATORY: Potomac Church Cemetery	23d LOCATION (City or Town) (County) (State): Potomac, Maryland
24. FUNERAL DIRECTOR: Tyson Wheeler Funeral Home-1331 Rockville Pike Rockville,Md.	ADDRESS	25a REC'D BY REGISTRAR DATE: MAY 7 1968	25b REGISTRAR'S SIGNATURE: Charles Judge

1

FOR STATE HEALTH DEPT

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

57311

1 DECEASED NAME (Type or Print): First Michele; Middle Marie; Last MCGANNON

2a DATE OF DEATH KNOWN [X] ESTIMATED [ ] Month May Day 21 Year 1968

2b HOUR 825 P.M.

3 SEX: Female

4 RACE: Cauc

5 DATE OF BIRTH: Apr. 7, 1964

6 AGE (in years last birthday): 4 YRS; IF UNDER YEAR: MONTHS, DAYS; IF UNDER 24 HRS: HOURS, MIN

2c DATE PRONOUNCED DEAD Month May Day 21 Year 1968

2d HOUR 825 P.M.

7a BIRTHPLACE (State or foreign country): Florida

7b CITIZEN OF WHAT COUNTRY? USA

8 MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

9 COUNTY OF DEATH: Montgomery Md.

10 CITY OR TOWN OF DEATH: Bethesda

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Naval Hospital

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): N/A

12b KIND OF BUSINESS OR INDUSTRY: N/A

13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland

13b COUNTY:

13c CITY OR TOWN: Lexington Park

13d INSIDE CITY LIMITS? YES [ ] NO [ ]

13e STREET AND NUMBER: 410 St. Lo Place

14. FATHER'S NAME: First William; Middle H.; Last McGannon

15 MOTHER'S MAIDEN NAME: First Sueann; Middle Curtis; Last

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): N/A (If yes give war or dates of service)

16b SOCIAL SECURITY NO

17 INFORMANT: Lexington Park Maryland ADDRESS: William H. McGannon, 410 St. Lo Place

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a) Bronchial pneumonia, septicemia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 8 days

DUE TO, OR AS A CONSEQUENCE OF (b) Third degree burns body — 33 days

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions if any, which gave rise to immediate cause (a), stating the underlying cause last

8 LX

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION

19b CONDITION FOR WHICH OPERATION WAS PERFORMED?

20 AUTOPSY? YES [X] NO [ ]

21a EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH

21b TIME OF INJURY Month, Day Year HOUR A.M. P.M. 4/18 1968

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Blood on top of gas stove burner - light ignited clothing

21d INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.) Home.

21f LOCATION Street or R.F.D. No. 410 St Lo Place; City or Town Lexington Park; County; State Md.

22a I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [ ], Inquiry [ ], and in my opinion death resulted from: Natural causes [ ], Accident [X], Suicide [ ], Homicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE: John G. Ball M.D.

EXAMINER'S NAME (Type): John G. Ball, M. D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
DEPUTY MEDICAL EXAMINER [X]
ADDRESS (Street, city, town, or county)

22b DATE SIGNED: 22 May 1968

23a BURIAL, CREMATION, REMOVAL (Specify): Burial

23b DATE: 5/25/68

23c NAME OF CEMETERY OR CREMATORY: All Souls Cemetery

23d LOCATION (City or Town) (County) (State): Geauga County Ohio

24 FUNERAL DIRECTOR: Robert A. Pumphrey Funeral Home ADDRESS: 7557 Wisconsin Ave., Bethesda, Maryland

25a REC'D BY REGISTRAR DATE: MAY 27 1968

25b REGISTRAR'S SIGNATURE: Charles Judge

VR A15ME (5) 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

07312

1. DECEASED NAME (Type or print): First: Mary Middle: Kingsbury Last: McNeil

2a. DATE OF DEATH: Month 5 Day 11 Year 68

2b. HOUR: 3 35 P.M.

3. SEX: Female

4. RACE: White

5. DATE OF BIRTH: April 6, 1891

6. AGE (In years last birthday): 77 ~~76~~ YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN.

7a. BIRTHPLACE (State or foreign country): Brooklyn, N.Y.

7b. CITIZEN OF WHAT COUNTRY?: U.S.A.

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

9. COUNTY OF DEATH: Montgomery Md

10. CITY OR TOWN OF DEATH: Chevy Chase

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Bethesda Silver Spring Nurs. Home

12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired): Housewife

12b. KIND OF BUSINESS OR INDUSTRY:

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md.

13b. COUNTY: Montgomery

13c. CITY OR TOWN: Bethesda

13d. INSIDE CITY LIMITS? YES ☐ NO ☐

13e. STREET AND NUMBER: 5903 Aberdeen Rd.

14. FATHER'S NAME First Middle Last: Henry MacKay

15. MOTHER'S MAIDEN NAME First Middle Last: Isabella Watts

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): NO (If yes give war or dates of service)

16b. SOCIAL SECURITY NO: 578-44-1929D

17. INFORMANT: Mrs. W.D. Sloan, Daughter, Address: Beth. Md. 5903 Aberdeen Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Multiple Cerebral Vascular Accidents — 6 months

DUE TO, OR AS A CONSEQUENCE OF (b) Cerebral Arteriosclerosis — 2 years

DUE TO, OR AS A CONSEQUENCE OF (c) Generalized arteriosclerosis — 4 years

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

45%.9

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

N/A

19a. DATE OF OPERATION:

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20a. AUTOPSY? YES ☐ NO ☑

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from July, 1964, to 5/11, 1968, that (I) ~~(we)~~ last saw the deceased alive on 5/11 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Joseph P. Swift M.D. DEGREE — ATTENDING PHYS ☑ MED DIRECTOR ☐ STAFF PHYS ☐

22c. DATE SIGNED: 5/11/68

22d. PHYSICIAN'S NAME (Type): JOSEPH P. SWIFT

22e. ADDRESS: 916 19th ST. N.W. - WASH., D.C.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5/15/68

23c. NAME OF CEMETERY OR CREMATORY: West Point Military Academy Cemetery

23d. LOCATION (City or Town) (County) (State): West Point N. Y.

24. FUNERAL DIRECTOR: Joseph Gawler's Sons, Inc. ADDRESS: 5130 Wisconsin Ave. Washington, D. C.

25a. REC'D BY REGISTRAR DATE: MAY 16 1968

25b. REGISTRAR'S SIGNATURE: J. Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Page 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

.1313

1. DECEASED-NAME (Type or print) First: CARL	Middle: ERNEST	Last: MELVIN	2a. DATE OF DEATH Month: May Day: 18 Year: 68
2b. HOUR: 9:55 AM	3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: 4/8/18
6. AGE (In years last birthday): 50 YRS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN	
7a. BIRTHPLACE (State or foreign country): No. Carol.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Montgomery Md
10. CITY OR TOWN OF DEATH: Silver Spring	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Holy Cross Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Shoe repairman	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland	13b. COUNTY: Montgy.	13c. CITY OR TOWN: Sil. Spr.	13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 515 Thayer Ave. #401			
14. FATHER'S NAME First: JAMES	Middle: MELVIN.	Last:	15. MOTHER'S MAIDEN NAME First: LOLA Middle: Last: Melvin
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 224 22 8323	17. INFORMANT: Wife, Address: Marie Melvin 515 Thayer Ave. S.S., Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a): Probable Myocardial Infarction — Immediate

DUE TO, OR AS A CONSEQUENCE OF (b): Accord.

DUE TO, OR AS A CONSEQUENCE OF (c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4221

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Emphysema, Cong. failure Cirrhosis

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☑	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BLDG. ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I **certify** that (I) (this hospital) attended the deceased from March, 1968, to May 16, 1968, that (I) (we) last saw the deceased alive on May 16 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Russell C Bufalino MD DEGREE	ATTENDING PHYS ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐		22c. DATE SIGNED: May 17, 68.
22d. PHYSICIAN'S NAME (Type): Russell C Bufalino M.D.	22e. ADDRESS: 1429 Univ. Blvd W. S.S. Md.		
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: May 21-1968	23c. NAME OF CEMETERY OR CREMATORY: Lafayette Memorial Park	23d. LOCATION (City or Town) (County) (State): Fayetteville, North Car.
24. FUNERAL DIRECTOR: Arthur Walters	ADDRESS: 254 Bureau St. NW.	25a. REC'D BY REGISTRAR DATE: MAY 20 1968	25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

Cleared by Dr. Leaf Lee

VR A15 (4)
30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or print) First: Gabrielle Middle: Louise Last: Meyer	2a. DATE OF DEATH Month: May Day: 17 Year: 1968	2b. HOUR 7:10 P.M.	
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: 2/17/89	6. AGE (In years last birthday): 79 YRS. IF UNDER 1 YEAR: MONTHS, DAYS IF UNDER 24 HRS: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): District of Columbia	7b. CITIZEN OF WHAT COUNTRY?: United States	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Montgomery Md
10. CITY OR TOWN OF DEATH: Takoma Park	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Washington Sanitarium + Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): unknown	12b. KIND OF BUSINESS OR INDUSTRY: unknown
13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) STATE: Maryland	13b. COUNTY: Montgomery	13c. CITY OR TOWN: Takoma Park	13d. INSIDE CITY LIMITS? YES ☒ NO ☐ 13e. STREET AND NUMBER: 116 Lee Avenue
14. FATHER'S NAME First: Joseph (unknown) Middle: Last: Ehrmantraut	15. MOTHER'S MAIDEN NAME First: Annie (unknown) Middle: Last: Gerhold		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO: Unknown	17. INFORMANT: Washington Sanitarium + Hospital record	Address: 6700 Carroll Ave. Takoma Park

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Bilateral Pneumonia	24-36 hrs.
DUE TO, OR AS A CONSEQUENCE OF (b)	Malnutrition (chronic)	>1 year.
DUE TO, OR AS A CONSEQUENCE OF (c)	Generalized Arteriosclerosis. Cerebral vascular	>1 year

1407 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☑	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I **certify** that (I) (this hospital) attended the deceased from February 2, 1967, to May 17, 1968, that (I) (we) last saw the deceased alive on May 17 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Hugo G. Graziani M.D.	DEGREE: ATTENDING PHYS. ☑ MED DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 5/17/68.	
22d. PHYSICIAN'S NAME (Type): HUGO G. GRAZIANI, M.D.	22e. ADDRESS: 10101 Georgia Ave SS. Md		
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE: May 21-1968	23c. NAME OF CEMETERY OR CREMATORY: Rockcreek Hill	23d. LOCATION (City or Town) Washington D.C. (County) (State)
24. FUNERAL DIRECTOR: [illegible]	ADDRESS: WDC 254 Carroll STN W	25a. REC'D BY REGISTRAR DATE: MAY 20 1968	25b. REGISTRAR'S SIGNATURE: [illegible]

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 48 hours after death.

VR A15 (4)
30M REV. 1/68

1

37815

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print): First Edna; Middle Matilda; Last Minetree
2a. DATE OF DEATH: Month May; Day 25; Year 1968
2b. HOUR: 8:00 P.M.
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: 15 March 1912
6. AGE (In years last birthday): 56 YRS. (If under 1 year: Months / Days; If under 24 hrs: Hours / Min.)
7a. BIRTHPLACE (State or foreign country): Pennsylvania
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
9. COUNTY OF DEATH: Montgomery Md.
10. CITY OR TOWN OF DEATH: Bethesda
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): The Clinical Center, NIH
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Hospital Supply
12b. KIND OF BUSINESS OR INDUSTRY: Medical
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Virginia
13b. COUNTY: --
13c. CITY OR TOWN: Alexandria
3d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 602 North Inboden Street
14. FATHER'S NAME: First Egon; Middle; Last Bohle
15. MOTHER'S MAIDEN NAME: First Anna; Middle; Last Blank
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO: 577-10-5081
17. INFORMANT: The Medical Record Address: The Clinical Center, Bethesda, Maryland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Bronchopneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b) Mycosis Fungoides — 5 years

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Subdural hemorrhage, mild, bilateral, acute

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☒ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from Dec. 26, 1967, to May 25, 1968, that (I) (we) last saw the deceased alive on May 25 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Thomas Clancy — DEGREE: ATTENDING PHYS ☐ MED. DIRECTOR ☐ STAFF PHYS ☒
22c. DATE SIGNED: 26 May 1968
22d. PHYSICIAN'S NAME (Type): Thomas Clancy, M.D.
22e. ADDRESS: The Clinical Center, National Institutes of Health, Bethesda, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/29/68
23c. NAME OF CEMETERY OR CREMATORY: St. Comfort Cemetery
23d. LOCATION (City or Town) (County) (State): Fairfax Co. Va.
24. FUNERAL DIRECTOR: Everly-Heatley Funeral Home — J. S. Everly
ADDRESS: Alexandria, Va.
25a. REC'D BY REGISTRAR DATE: MAY 29 1968
25b. REGISTRAR'S SIGNATURE: [illegible]

VR A15 (4) 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print): First: Geneve; Middle: B.; Last: Miller
2a. DATE OF DEATH: Month: May; Day: 23; Year: 68
2b. HOUR: 3:55 P
3. SEX: Female
4. RACE: Caucasian
5. DATE OF BIRTH: 1 Oct 1892
6. AGE (In years last birthday): 75 YRS; IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): S. Dakota
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Montgomery County, Md.
10. CITY OR TOWN OF DEATH: Bethesda
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Naval Hospital
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife
12b. KIND OF BUSINESS OR INDUSTRY: Own home
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD
13b. COUNTY: Montgomery
13c. CITY OR TOWN: Silver Spg.
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 512 Midland Rd., Silver Spg.
14. FATHER'S NAME: First: Caleb Perry; Middle: Shreve; Last:
15. MOTHER'S MAIDEN NAME: First: J. M.; Middle: Nelson; Last:
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes give war or dates of service): —
16b. SOCIAL SECURITY NO.: 577-62-1149
17. INFORMANT: Margaret M. Pilson, Address: Silver Spring, Md. 512 Midland Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Marasmus
DUE TO, OR AS A CONSEQUENCE OF (b): Generalized arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF (c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 410 7

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): 7 2

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES ☒ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify med col examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION: Street or R.F.D. No. / City or Town / County / State

22a. I certify that (I) (this hospital) attended the deceased from May 19, 19 68, to May 23, 19 68, that (I) (we) last saw the deceased alive on May 23, 19 68 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: W. D. Hall
DEGREE: ATTENDING PHYS. ☐ MED DIRECTOR ☐ STAFF PHYS. ☒
22c. DATE SIGNED: May 24, 1968
22d. PHYSICIAN'S NAME (Type): W. D. Hall, M. D.
22e. ADDRESS: Naval Hospital, Bethesda, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 27, 1968
23c. NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
23d. LOCATION (City or Town) (County) (State): Arlington, Virginia
24. FUNERAL DIRECTOR: John Wheeler Pumphrey, ADDRESS: W. E. Pumphrey 8434 Ga. Ave., Silver Spring, Md.
25a. REC'D BY REGISTRAR: DATE MAY 29 1968
25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A15 (4) 30M REV 1/68

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 DECEASED NAME (Type or Print) First: Madonna Middle: Michelle Last: Miller

2a DATE OF DEATH KNOWN ☐ ESTIMATED ☒ Month: May Day: 31 Year: 1968 — 2b HOUR: 6:15 PM

3 SEX: female — 4 RACE: white — 5 DATE OF BIRTH: Nov. 17, 1965 — 6 AGE (in years last birthday): 2 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN.

2c DATE PRONOUNCED DEAD Month: May Day: 31 Year: 1968 — 2d HOUR: 7:00 PM

7a BIRTHPLACE (State or foreign country): Washington D.C. — 7b CITIZEN OF WHAT COUNTRY?: U.S.A. — 8 MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐ — 9 COUNTY OF DEATH: Montgomery Md.

10 CITY OR TOWN OF DEATH: Bethesda — 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): In burbs — 12a USUAL OCCUPATION (Kind of work done during most of working life even if retired): Child — 12b KIND OF BUSINESS OR INDUSTRY:

13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: Md. — 13b COUNTY: Mont. — 13c CITY OR TOWN: Bethesda — 13d INSIDE CITY LIMITS? YES ☒ NO ☐ — 13e. STREET AND NUMBER: 8501 - Howell Rd.

14 FATHER'S NAME First: Marc Middle: A. Last: Miller — 15 MOTHER'S MAIDEN NAME First: Madonna Middle: Harper Last:

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service) — 16b SOCIAL SECURITY NO: None — 17 INFORMANT: Father — ADDRESS: Marc A. Miller Same as Item 13.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1 DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Drowning - — 5 min.

DUE TO, OR AS A CONSEQUENCE OF

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

9a DATE OF OPERATION — 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? — 20 AUTOPSY? YES ☐ NO ☒

21a EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH — 21b TIME OF INJURY Month, Day, Year: 6:15 PM May 31 1968 — 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18): Fall in Swimming Pool -

21d INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ — 21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Home swimming pool — 21f LOCATION Street or R.F.D. No. 8501 Howell Rd. City or Town: Bethesda County: Montgomery State: Md.

22a. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and in my opinion death resulted from. Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: John G. Ball M.D. — CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ — 22b DATE SIGNED: 5/31/68

EXAMINER'S NAME (Type): JOHN G. BALL — ADDRESS (Street, city, town, or county): Bethesda, Md.

23a BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b DATE: 6-4-68 — 23c NAME OF CEMETERY OR CREMATORY: Holy Rood Cemetery — 23d LOCATION (City or Town) (County) (State): Washington, D. C.

24 FUNERAL DIRECTOR: ROBERT A. PUMPHREY — ADDRESS: Bethesda, Maryland — 25a RECD BY REGISTRAR DATE: JUN 6 1968 — 25b REGISTRAR'S SIGNATURE: Charles Judge

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form P-13. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5) 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

57313

1. DECEASED-NAME (Type or print): First John; Middle Bromley; Last Moloney, Jr.
2a. DATE OF DEATH: Month May; Day 31; Year 1968
2b. HOUR: 1:30 A.M.
3. SEX: Male
4. RACE: White
5. DATE OF BIRTH: 2 March 1951
6. AGE (In years last birthday): 17 YRS; IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS: HOURS, MIN
7a. BIRTHPLACE (State or foreign country): Washington, D.C.
7b. CITIZEN OF WHAT COUNTRY? USA
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: Montgomery Md.
10. CITY OR TOWN OF DEATH: Bethesda
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): The Clinical Center
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Student
12b. KIND OF BUSINESS OR INDUSTRY: ---
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland
13b. COUNTY: Montgomery
13c. CITY OR TOWN: Bethesda
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 5907 Anniston Road
14. FATHER'S NAME: First John; Middle Bromley; Last Moloney, Sr.
15. MOTHER'S MAIDEN NAME: First Patricia; Middle --; Last Wilson
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: Not available
17. INFORMANT: The Medical Record, Address: The Clinical Center, NIH, Bethesda, Maryland 20014

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pulmonary Insufficiency	2 Months
DUE TO, OR AS A CONSEQUENCE OF (b)	Anemia, congestive heart failure	3 Weeks
DUE TO, OR AS A CONSEQUENCE OF (c)	Metastatic osteogenic sarcoma	6 Months

1109

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While ☐ at work Not while ☐ at work
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 22 April, 1968, to 31 May, 1968, that (I) (we) last saw the deceased alive on 31 May 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: James J. Nordland M.D. DEGREE: ATTENDING PHYS ☐ MED DIRECTOR ☐ STAFF PHYS ☒
22c. DATE SIGNED: 31 May 1968
22d. PHYSICIAN'S NAME (Type): James J. Nordland, M.D.
22e. ADDRESS: The Clinical Center, National Institutes of Health, Bethesda, Maryland 20014

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/3/68
23c. NAME OF CEMETERY OR CREMATORY: Gate of Heaven Cem.
23d. LOCATION (City or Town) (County) (State): Silver Spring, Md.
24. FUNERAL DIRECTOR: Joseph Gawler's Sons, Washington, D.C.
ADDRESS
25a. REC'D BY REGISTRAR DATE JUN 6 1968
25b. REGISTRAR'S SIGNATURE: Charles Yuzza

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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4 (M) 1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

07319 07324

1. DECEASED-NAME (Type or print): First: Lottie Middle: V. Last: Muck
2a. DATE OF DEATH: Month: May Day: 26 Year: 1968
2b. HOUR: 6:30 A.M.
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: 9-27-00
6. AGE (In years last birthday): 67 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.
7a. BIRTHPLACE (State or foreign country): Virginia
7b. CITIZEN OF WHAT COUNTRY? U.S.A.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Montgomery Md.
10. CITY OR TOWN OF DEATH: Bethesda
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Suburban Hospital
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: West Virginia
13b. COUNTY: Jefferson
13c. CITY OR TOWN: Shepherdstown
13d. INSIDE CITY LIMITS? YES [X] NO [ ]
13e. STREET AND NUMBER: Washington St.
14. FATHER'S NAME First: William Middle: Francis Last: Sullivan
15. MOTHER'S MAIDEN NAME First: Margaret Middle: Ann Last: Long
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 579-32-6869
17. INFORMANT: Husband Address: Thomas J. Muck Same as Item 13.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 MONTHS
DUE TO, OR AS A CONSEQUENCE OF
(b) MYOCARDITIS, DIFFUSE, NON-SPECIFIC — 1 YEAR
DUE TO, OR AS A CONSEQUENCE OF
(c) MYOCARDIAL INFARCTION — 4 MONTHS
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
4129
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
4201
19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES [ ] NO [X]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from OCT 12, 1951, to MAY 26, 1968, that (I) (we) last saw the deceased alive on MAY 25 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (We) (did) (did not) view the body after death.

22b. SIGNATURE: Robert G. Angle MD — DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]
22c. DATE SIGNED: MAY 26, 1968
22d. PHYSICIAN'S NAME (Type): ROBERT G. ANGLE
22e. ADDRESS: 5009 Del Ray Ave. Bethesda, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-30-68
23c. NAME OF CEMETERY OR CREMATORY: Reformed Church Cemetary
23d. LOCATION (City or Town) (County) (State): Shephardtown, W. Va.
24. FUNERAL DIRECTOR: Robert A. Pumphery Funeral Home
ADDRESS: 7557 Wisc. Ave Bethesda Maryland
25a. REC'D BY REGISTRAR DATE: JUN 4 1968
25b. REGISTRAR'S SIGNATURE: Florence Judge

Item 18, Part2, Film 40
12-23-68ams

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07328 07325

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or Print): First Harold Middle S Last Myers

2a. DATE OF DEATH KNOWN ☐ ESTIMATED ☐ Month May Day 24 Year 1968

2b. HOUR 2:25 M

3. SEX: Male

4. RACE: White

5. DATE OF BIRTH: 11/17/03

6. AGE (in years last birthday): 64 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / MIN.

2c. DATE PRONOUNCED DEAD Month May Day 24 Year 1968

2d. HOUR 2:30 M

7a. BIRTHPLACE (State or foreign country): Pa.

7b. CITIZEN OF WHAT COUNTRY? U.S.A.

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. COUNTY OF DEATH: Montgomery Md.

10. CITY OR TOWN OF DEATH: Bethesda

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Suburban Hospital

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Retired Clerk

12b. KIND OF BUSINESS OR INDUSTRY: Government

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: D.C.

13b. COUNTY: ✓

13c. CITY OR TOWN: Washington

13d. INSIDE CITY LIMITS? YES ☒ NO ☐

13e. STREET AND NUMBER: 3636 - 16th St. N.W.

14. FATHER'S NAME: First Alvin Middle S. Last Myers

15. MOTHER'S MAIDEN NAME: First Lennie Middle S Last Tover

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.: 298-26-4972

17. INFORMANT: Harold S. Myers Jr. ADDRESS: Wash. Hilton Hotel

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 days
DUE TO, OR AS A CONSEQUENCE OF
(b) convulsions
DUE TO, OR AS A CONSEQUENCE OF
(c) infarction, cerebrum, right, old

8199

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

2254

None

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?

20. AUTOPSY? YES ☒ NO ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b. TIME OF INJURY Month, Day, Year HOUR A.M. 2 P.M. 5/8/1968

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Involved in auto accident

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)

21f. LOCATION Street or R.F.D. No. Intersection of Little Falls & Battery Lane City or Town Bethesda County Montgomery State Md

22a. I certify that I took charge of the remains described above, held on Autopsy ☒, Inspection ☐, Inquiry ☐, and in my opinion death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Robert S. Rogers M.D. M.D.

EXAMINER'S NAME (Type): JOHN S. ROGERS

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town, or county): Silver Spring, Md.

22b. DATE SIGNED: 5-24-68

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5-28-68

23c. NAME OF CEMETERY OR CREMATORY: Parklawn Cemetery

23d. LOCATION (City or Town) (County) (State): Rockville, Maryland

24. FUNERAL DIRECTOR: Robert A. Humphrey ADDRESS: Bethesda, Md.

25a. REC'D BY REGISTRAR DATE MAY 29 1968

25b. REGISTRAR'S SIGNATURE: Charles Judge

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5)
10M REV. 1/68